

# THE AMERICAN JOURNAL OF NURSING

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## EDITORIAL COMMENT



### A GLIMPSE INTO THE PAST

THE paper entitled "Organization, or Why Belong?" by Miss M. E. P. Davis, which will be found on another page, is only an outline, she tells us, of her address given as president, at the Massachusetts State meeting held in Springfield on January 16. It came into our hands with other papers and addresses read at that meeting, that we might make such extracts as would be interesting or valuable to our readers, but we have chosen to present this paper as it came to us, because of the memories it aroused. After reading it we turned to the report of the Congress at the World's Fair in 1893, to the first two or three reports of the Superintendent's Society, and spent an evening living over again the inspiration of those meetings.

At the first annual meeting in Boston, which Miss Davis refers to, there were discussed Miss Sniveley's paper on a Uniform Curriculum for Training Schools; Miss Brennan's on the Comparative Value of Theory and Practice, and Mrs. Robb's on the Three-Year Course of Training in Connection with the Eight-Hour System, and in the third report, Miss Dock's on Training School Registries; Miss Nutting's Statistical Report on Working Hours in Training Schools, and others too numerous to mention—all subjects which, after eighteen or nineteen years of almost constant agitation, are still far from being settled.

Still, progress enough has been made for the workers not to feel disheartened, because there is at this time one very different condition

to be taken into consideration. Although training schools had been in existence twenty years at the time of the Chicago meetings, up to that time the superintendents had been working single-handed at these problems, while at the present time, after the lapse of a little less than twenty years, the intelligent nurses of the country, embracing all grades of workers, are so harmoniously organized that in the consideration of such great questions they stand almost united, the difference being in the minor details of the wisest methods of procedure, etc.

Nothing can be more enlightening to the younger generation than to get these books, which may be difficult to obtain, but which may be borrowed, and make a study of them at some of their meetings. They will learn that those now coming into organization life are carrying out the wishes of those whose voices are no longer or rarely heard, but whose work lives after them.

Because of our stronger organization and our broader influence through state registration, the opposition we are called upon to meet is taking a more definite form and seems more formidable. It was from the nursing body that the movement came for a higher standard of education and better morale of women entering the nursing field; it is from this same body that the struggle for shorter hours has come, and while the eight-hour system is not yet universal, hours have been shortened from fourteen to ten, with a general average of nine. Twenty-four-hour special duty in hospitals, for pupils or graduates, is gradually disappearing from schools of higher standards. The building of nurses' homes, the improvement in food, have rarely, if ever, emanated from a board of managers without the compelling influence of the superintendent of the school. While all these influences have improved to some extent the conditions under which nurses are being trained to-day, they are still far from ideal. The pupil nurse should leave the hospital after her three years of training less depleted in strength and energy than the graduate of a few years ago. Her position in the homes of the people is better than it was. She is not universally requested to eat in the kitchen. In severe cases, and among people of means, relief is provided as a matter of course, and there is less contention over what her services are worth. The nurse's place in the army, the navy, the Red Cross, and the whole field of registration, is of her own making, and the broad field of social service has been developed largely through her influence.

So need we feel disheartened if in some places the commercial interests of hospitals are still pitted against us to break down the meagre

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educational standard of one year in the high school or its equivalent?

We wish we might give in full all the papers read at the Massachusetts meeting. They were of a very high order of excellence, and the meeting, from the standpoint of numbers, the largest ever held in that state. An exceedingly interesting review of the organization and development of the association was given by Miss Riddle, for nine years the president, and now president of the board of examiners, from which we quote:

"In order that our registration law may be most effective it is necessary that the board should have the assistance and co-operation of every member of the teaching force in the state, of every hospital, and of every member of the Massachusetts State Nurses' Association. Let the teaching force take notice that it is not the intent of the board to make times any harder for them; rather, we believe, times will be made easier because the teachers may perfectly well request assistance in the instruction since the state's requirements have increased. Thus will the head of the teaching force obtain some relief.

". . . What is the relation of the State Board of Registration of Nurses to the Massachusetts State Nurses' Association? If I answered briefly and truthfully, I should say, next of kin, and we are looking to the State Association to be the greatest kind of help—first in securing an amendment to the law, or some form of legislation, which shall be a direct aid in obtaining results from the present statute.

". . . When you invite your friends and acquaintances among the nurses to become members of the State Association, you will be sure to find those who will ask, 'What good is it, anyway?' They will say they do not believe in organizations, to which you may reply, 'Yes, you do,' for, as Miss McIsaac told the nurses in Boston, 'Everything you have that is worth anything to you came to you through organization, your family, school, state, postal service, railway service, and so on.' Some will say, 'It will not do *me* any good.' You can reply, 'Yes, it will, for it is doing you good all the time. You are getting the same benefits that come to the rest of us; now please do not be selfish and accept without giving.' Besides, as we have before said, the best kinds of work are going to be closed to the unenterprising and selfish nurses. They will be less and less in demand."

Miss Riddle then referred to a meeting held in Lowell last November at which Miss Richards was present, "and though unable to rise from her chair, spoke very feelingly of the nurses' privileges, saying: 'It is not only your privilege but your duty to help in all these matters which

shall promote the well-being of your sister nurses and increase the efficiency of their care of the sick.'

"I would leave you with what has been said all along down through the ages, 'Man cannot live to himself alone.'"

#### THE RELIEF FUND

THE committee of the Relief Fund of the American Nurses' Association is now preparing a circular which will be sent to the associations affiliated, probably before the next issue of this magazine. In it will be outlined the plans for the management of the fund and suggestions made to the associations for its development. It was found that the members of the committee were so widely separated it was almost impossible for them to come together, and the number was enlarged by the addition of Mrs. Twiss and Miss Palmer that there might be a quorum within reasonable distance.

The suggestion has been made that associations should try to interest their members to contribute individually one dollar a year for three years. Estimating the membership of the American Nurses' Association to be 20,000—if all would adopt this plan there would be, at the end of three years, a fund of \$60,000, with no hardship entailed upon any one, each member feeling that she had shared equally with the others in establishing this fund, and should she seek aid from it, she would know that she had done her part toward forming its nucleus. Should such a sum be realized, \$50,000 could be permanently invested, the interest only being used, and any balance beyond that could be immediately drawn upon for the objects for which the fund is created. Similar contributions from succeeding generations of nurses, individually, and annual donations of reasonable amounts from the treasuries of the affiliated societies, would create the surplus necessary for relief and would gradually increase the permanent investment. This plan has already been acted upon by the nurses of Washington, D. C., and Philadelphia, who have commenced securing pledges along this line.

But associations need not wait for the circular, or be limited to the suggestions it contains, but are urged to use any means most likely to be popular with local members that the sum may be increased as much as possible before the Chicago meeting. There is need for it at the present hour. It would seem necessary that the fund should reach not less than \$10,000 before beginning to use the interest, and this could easily be done this winter upon the basis of the one dollar pledge, if the associations would take hold of it with real live interest. Do it now.

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## PROGRESS OF STATE REGISTRATION

LEGISLATION is now in progress in four states. The New Jersey nurses have carried their bill again into the legislature and are to make a vigorous effort to secure a statute that shall compare favorably with the best that has been secured in any state. They have not been daunted by the vigorous opposition to their efforts of last year, but again are demanding a board composed of nurses.

The Rhode Island nurses are to make another effort to secure the passage of a law. They are asking for a board of examiners composed of three nurses and two doctors.

Louisiana expects to introduce a bill at the next legislature which convenes in May. As it is unconstitutional for women to serve as state officials, such as members of boards are, the nurses are anticipating a serious contest in order to win.

The Massachusetts nurses are amending their bill to include the appointment of an inspector of training schools. At the meeting in Springfield the appointment was made of an educational committee to work in co-operation with the board of examiners and to formulate a working syllabus as a guide to both the schools and the examiners. This we consider a very progressive step and a measure which will tend to keep the state association and the examiners in very close touch.

A PROTEST AGAINST SUPERVISION OF THE EDUCATION  
DEPARTMENT

THE Hospital Conference of the city of New York is an organization of the men who are the superintendents of the large hospitals in that city, among whom are clergymen, physicians and laymen. Since closing our pages we have received a copy of some resolutions passed by this conference on February 13, in which the Education Department of the State of New York at Albany is urged to adopt such amendments to the existing regulations as will give to the hospital authorities of properly-organized registered training schools a freer hand in the selection of probationers.

## THE MIDWIFERY PROBLEM

By CLARA D. NOYES, R.N.

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FROM the earliest period of civilization the midwife has played an important part in the making of history. She has been associated with the birth of kings and emperors, as well as with the birth of the lowly, therefore to trace the history of her development is to trace the history of mankind. It is highly probable that in these early stages women of superior qualities practised this art, and it has only been with the development of the obstetrician that the midwife has been pushed into the background and partially eclipsed. With the advance of civilization and the progress in medical science, the act of giving birth has grown to be regarded as an abnormal condition, rather than a normal one, consequently the function of the midwife has now been restricted by law to attendance at normal cases only, and all abnormalities must be referred to a properly registered physician.

At the present time the word "midwife," in America, at least, is one to which considerable odium is attached, and immediately creates a mental picture of illiteracy, carelessness and general filth. We find the midwife in the country districts in the South in the form of a middle-aged colored woman, who has, perhaps, increased the population some twelve or fifteen times, herself, and is, therefore, expected to "know all about it," and in the mountainous regions, where some old mother goes to her neighbor when in need and ministers to her wants to the best of her knowledge and belief. In our great cities the midwife swarms in great numbers and plies her trade among the foreign population. She represents all the nationalities on the face of the globe. She may be well trained, and with a diploma from a foreign school, or she may not be, but she practises just the same. If there happen to be laws governing her practice, she may make an effort to comply with them, but through ignorance, she may not even know of their existence, or there may be no enforcement of such laws. In one of our largest and most progressive cities, the midwife is forbidden by law to practise, yet by some strange interpretation she is required by law to register all births occurring in her practice.

For years in America the medical profession has fought the midwife,

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struggled to suppress her, restrict her, eliminate her and what not, yet the midwife continues to flourish. It seems strange that in America, the so-called "Home of the brave and the land of the free," she has met this reception, when the older countries of Europe have for many years recognized her, and made provision for her education and registration. Is it to be wondered at that we find her in the present state of universal ignorance and filth? The foreign-born woman and the woman of the less fortunate classes have the inherited prejudices of centuries against a "man midwife." They want and need a woman; this attitude is founded upon a mass of what seem to them excellent reasons, largely economic ones. To such women childbirth is usually a normal process, they do not vex their minds with thoughts of possible complications, moreover, they are generally poor, and must get all they can for the pittance they have saved or borrowed to meet the event. The midwife renders to her patient the double service of physician and nurse, therefore she wants her and will have her. This prejudice is so deeply rooted that it seems impossible to uproot even after years of association with America and American ways.

There seems little chance of eliminating the midwife except by education of both the midwife and the people. If the problem of infant mortality is to be solved through intelligent motherhood, as one writer asserts, it would certainly simplify matters if we could remove from our midst the midwife, as she is generally exemplified, and confine all the obstetrical work to highly trained obstetricians and lying-in hospitals. It will take years of education to swing the pendulum as far as this; moreover, deplorable as conditions may be which follow in her wake, as far as puerperal sepsis, ophthalmia, neonatorum, etc., are concerned, we cannot lay all the blame "at her door;" it is no worse than the work of the careless and unscrupulous medical practitioner as statistics have abundantly proved. This, too, is one of the problems for medical schools and medical associations to thrash out.

Dr. Whitridge Williams, through recent investigations made for a paper on "The Midwifery Problem," which was read at the last meeting of the Association for the Study and Prevention of Infant Mortality, held in Chicago, in November, showed a very unsatisfactory condition existing in the preparation of physicians for practising obstetrics. That their training was oftentimes very inadequate and haphazard was very plainly evident, and instead of showing the "midwife problem," the medical student problem, as far as obstetrical preparation is concerned, was in reality shown. Unsatisfactory as this may appear, it seems reasonable to believe that this problem can be left for solution with the

medical profession. The medical profession has for years recognized the dangers from this body of unskilled and untaught workers to the life and health of the individual child and the community as a whole. They have from time to time caused laws to be made and discussed with fervor and energy, yet the problem is still with us. The district and visiting nurses have also recognized the situation in all its lamentable aspects, while hospitals which have struggled with puerperal sepsis from criminal abortions and neglect, eye infections, and other conditions of careless handling have long borne the brunt of attempting to patch up the results of the work done by these incompetent and ignorant women.

In June, 1906, a very careful, painstaking and thorough study of this question was made in New York City, where the problem is particularly acute, under the auspices of the Public Health Committee of the Neighborhood Workers, of which Miss Wald, of the Henry Street Settlement, was chairman, by F. Elizabeth Crowell, a nurse. This gave such a graphic account of the deplorable conditions, that the present municipal law, making it compulsory for the Board of Health to systematically inspect and register midwives, was the outcome. This has resulted in bettering conditions, necessarily limited, however, as so far no standards of education have been established. In New York, for instance, the law requires that the midwife shall have seen twenty cases before she can be registered, where, and how, and under whom, so far, it matters not.

But what about the education of the midwife, pre-supposing that it has been decided not to eliminate her? Almost nothing apparently has been done in America. We hear of an occasional school under the auspices of some physician or group of physicians who give a course of lectures and who may or oftener may not provide any practical experience for the midwife. These are commercial schools, charging quite large sums, relatively speaking, for tuition, issuing eventually a very pretentious looking diploma, and aside from a course of didactic lectures little else is taught. Oftentimes the graduate from such schools may have never seen a delivery or cared for a mother and child. It seems almost incredible to call for registration before any provisions for education have been secured.

If 40 per cent. of all children are attended at birth by midwives, then we are trusting nearly one-half of the future citizens of our country at this critical period of their lives, to the tender mercies of a class of workers to whom we have offered no recognized opportunity for preparation and education. Every child has a right to demand, if it

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could, the right to be properly cared for at this time, lest it enter life handicapped, therefore, to avoid future expense to the state of caring for a large number of unnecessarily handicapped children, would it not be wisdom for the state to shoulder this responsibility and provide for midwives:

(1) Education, (2) examination and registration, (3) supervision and control? The English law for controlling the practice of midwifery seems to furnish about as practical a system as any, and as the problem in America to-day is analogous to that formerly existing in England, it would not seem unreasonable to suppose that it might not be worked out along the same lines here.

The Committee on Prevention of Blindness, of the New York Association for the Blind, has through its Executive Secretary, Miss Van Blarcom, made a very comprehensive study of the question of midwifery from its standpoint, both abroad and in America. Quoting from a paper read by Miss Van Blarcom at the National Conference of Charities and Correction, held in St. Louis in 1910, we find the following suggestion:

"If the State Board of Regents (in New York) or Boards of Education in other states were to establish a standard to which all schools for midwifery were required to conform, an important step would be taken toward the adequate training of these women. Clinical material for teaching purposes might be secured by means of co-operation between such training schools and city and county or other public hospitals approved by the State Board of Regents or Boards of Education, or the entire training, both practical and theoretical, might better be given in maternity hospitals as it is in England."

The question of securing proper training for midwives is a serious one. Should this be under state or municipal direction? We find all kinds of schools, from the kindergarten to the college, including vocational and trades schools under public control and all offering free education. Why not a School of Midwifery? It is just as necessary that the child should be attended properly at birth, or well born, as it is that it should be given a free education later on. Therefore it would not be unreasonable to expect such schools to be supported from public funds. All such schools should have hospital facilities, as well as a well organized out-patient service, with a corps of competent teachers in attendance. If schools were conducted on a definite educational basis, it would be safe to predict that a higher class woman would attend and gradually the stigma attached to the name "midwife" would be removed.

This leads to the question of nurses entering the field. We have but to turn to the history of nursing in England to find that Florence Nightingale early advocated this training for nurses and, moreover, felt very strongly that it was the nurses' responsibility. We also find that since our English cousins superimposed this course upon her general training that she enhanced her value to the community and increased her prestige.

The large number of nurses engaged in district nursing are engaged in instructing the prospective mother and giving nursing care during pregnancy and puerperium. They find themselves seriously handicapped at times, not so much from lack of knowledge, but from lack of legal recognition. If our visiting nurses were also certified midwives would not the mothers and babies of the less favored classes be infinitely safer in their hands, than in the hands of the majority of midwives? If the nurse could secure the course of training and become registered, her largest field of usefulness would probably be in the district nursing association, as it would probably be the exception when she would practise midwifery independently. Is it not, after all, a public health question, a question of teaching the mother and starting the child out on the voyage of life as free from handicap as possible? So far, the nurse has not failed the community when public health questions have been forced upon her shoulders, neither will she draw back if this additional burden is laid upon her, and, after all, who is better able to carry it? By virtue of her special training in the care of the sick, in observation of symptoms, in bacteriology, hygiene, sanitation, dietetics, feeding of children and surgical technique, she is particularly well fitted to receive this higher technical training. Someone has suggested that she will encroach upon the territory of the obstetrician. Not at all, her superior training will enable her to distinguish abnormalities and serious symptoms far more quickly than does the partially trained midwife. It has been proven in England that far more calls are made upon the physician and greater discrimination shown in the selection of the physician since the nurses have practised midwifery than ever before, while the number referred to maternity hospitals and wards has increased very markedly.

Whether the American nurse will ever enter the ranks of midwifery, except as an obstetrical nurse, seems, at the present time, rather doubtful, yet nothing is impossible, as immediately upon opening the school at Bellevue Hospital for teaching and training midwives, several very unexpected applications were received from graduate nurses, who wished this special training, not to better prepare for obstetrical nursing, but to practice as midwives, particularly in the country districts and in the

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cities under the protection of visiting nursing associations; for various practical reasons they were not considered. If "straws tell which way the wind blows," it shows that some nurses somewhere are interested and are thinking very seriously about the question, even to the extent of joining the ranks, and discouraging as the situation seems, it becomes our duty as nurses to help in every way toward the solution of the problem.

## INFECTION AND IMMUNITY

By J. N. BASKETT, M.D.  
Hannibal, Mo.

IN order to get a proper insight into the nature of infection and the processes of immunity, it is necessary to consider, in an elementary way at least, some of the principles of bacteriology.

The idea is prevalent that all bacteria are harmful, and therefore enemies to the comfort and existence of the human race. If you entertain such an opinion, I hope to disabuse your minds of the mistake, and on the contrary, to show wherein the large majority of them are truly benefactors to the animal kingdom.

Let us first get a clear definition of bacteria, that we may understand fully what is meant when we speak of them. The term includes the large group of minute vegetable organisms which multiply by transverse fission, and which are usually devoid of chlorophyl. The absence of chlorophyl in their composition separates them from the higher plant life, and causes them to seek organic matter for food and sustenance. We find a large variety of bacteria which subsist on dead organic matter. This class of organisms is called saprophytes. They are the benefactors to the human race above indicated. Strange as it may seem, without them our existence would be impossible. To elucidate this assertion, let me say that we cannot have decomposition, putrefaction, or fermentation, without their presence. They act as scavengers by removing from the earth deleterious substances that are inimical to health. They are the direct food producers for the vegetable kingdom, and the indirect food producers for the animal kingdom, in that they resolve dead animal and vegetable tissues into their end products, carbonic acid, ammonia, and water, which are taken up by the higher plant life and appropriated to its growth and development, thus furnishing food-stuff for man and the lower animals. Were it not for the sapro-

phytic bacteria, there would be a shortage in the supply of carbon and nitrogen to meet the demands of the chlorophyll plants, upon which the animal life depends, for the bounty of these elements, given off by the animal kingdom alone, is inadequate to serve the needs of the vegetable world, in order that, in turn, it may amply supply the animal needs. Here is a beautiful example of reciprocity between the animal and vegetable kingdoms. The kingdom of man might take a profitable lesson herefrom. Compensation seems to be a fundamental law of nature, which should not be ignored in our relations one to another.

But however interesting and profitable it would be to follow the life and conduct of the beneficent saprophyte, the organisms that most deeply concern us, as physicians and nurses, are the parasitic bacteria. This class of bacteria feeds upon living animal and vegetable tissues and takes therefrom substances, upon which the health of their host depends. You will observe from this that the parasites are the real enemies to animal and vegetable life, and by virtue of their growth and development form toxins which produce disease and death, hence you see clearly that the rôle which they play in nature is just opposite to that of the saprophytic type of bacteria.

In grouping bacteria, we speak of the spherical, the rod-shaped, and the spiral-shaped organisms. They are unicellular and always develop from pre-existing cells of the same character.

To these three grand divisions are given the names cocci, bacilli, and spirilla—the diameter of the isolated individual member of the first division, the coccus, is equal in all directions. This division is subdivided into the staphylococci, the streptococci, the diplococci, the tetrads, and the sarcinæ, so named from the nature of their growth, development, and manner of dividing. To the second division, the bacillus, belong all the oval or rod-shaped bacteria, in which one diameter is always greater than the other. The third division, the spirillum, comprises the thread-like bodies which are turned into spirals of greater or less curves.

Many of the bacteria possess the function of motility; especially is this true of the spirilla, less so with the bacilli, and still less so with the cocci. Many of them also possess the property of spore formation or resting stages whereby they can better resist deleterious influences than when in the vegetative stage. Under favorable environments these spores may develop into or revert to the same kind of cells from which they originated. They never multiply as spores, neither is one group of bacteria converted into that of another.

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approximately from 15° to 120° (F.). Certain bacteria have peculiar affinities for certain stains, which aids us in determining the morphology and nature of the organism.

Infection is defined as "a contest between the pathogenic bacteria and living tissues, conducted on the part of the former by means of the poisonous products of their growth, and resisted by the latter through the agency of proteid bodies normally present and generated by the integral cell. Hence, when infection occurs, it may be explained, either by an excess of vigor of the bacterial products over the antidotal or protective, produced by the tissues, or to some cause that has interfered with the normal activity and production of these bodies."

By immunity, we mean the ability of the tissue elements to resist the bacterial toxins, however vigorous and active may be the parasite knocking at the portals for entrance. When such conditions prevail primarily, we call it "natural immunity." When an individual has recovered from certain forms of infection and is not susceptible to the same disease again, we term it "acquired immunity." Scrutinizing investigations have been made and numerous theories have been advanced to explain the *modus operandi* of immunity. It is not within the compass of this article to discuss all or many of them. We can notice only a few of the most important ones, which have led up practically to an accepted solution of the phenomena involved in the act.

The "retention" hypothesis of Chauveau suggests that in acquired immunity some bacterial products have been retained or deposited in the tissues which, by their presence, prevent the development of the same organisms, if they should subsequently gain access to the body.

Pasteur opposed this view by his "exhaustive" theory. He claimed that immunity was due rather to an abstraction from the tissues by the organisms that were concerned in the primary attack, of a something that is necessary to the growth of the infecting organism, should it gain entrance to the body at any subsequent time.

Metchnikoff's well-known doctrine of phagocytosis seemed to satisfy the profession at large, until Nuttall showed positively the part played by the leucocytes as not essential to the destruction of virulent bacteria in the blood of animals, but that the serum of the blood possessed this power, when quite free of cellular elements.

On this point, Bushner goes further, and claims that the activity of the serum alone, against bacteria, is greater than when the cellular elements of the blood are present. His explanation of immunity acquired by the tissues of the animal organism is that, in the primary infection from which the animal has recovered, there has been produced a "reac-

tive change" in the integral cells of the body, that enables them to protect themselves against subsequent inroads of the same organism.

From the foregoing investigations and discoveries, we are justified in concluding that in some way, an antibody or an antidote is formed in the body, which prevents the growth and development of the same class of bacteria after the primary attack, or after the system has been fortified by vaccination or by inoculation. Let these bodies be "Alexines," "defensive proteids," "globulins," "nucleins," or what not. With these authenticated facts before us, the physician and the nurse have increased responsibilities—for where much is known, more is required.

In the prevention of disease, the responsibility rests primarily on the doctor, and secondarily on the nurse, who is to execute his orders. She must be scrupulous in her methods of sterilization, disinfection, and antiseptics, while the doctor must be energetic in the use of prophylaxis against infection, and quick to administer antidotes to the toxins of the infecting organisms, if he would be abreast of the times. This is an era of preventive medicine, and the specific treatment of disease. Our biological chemists are on the alert to meet the demands of the medical profession for potent and efficient remedies, and their achievements are manifested in the excellent products that come from their laboratories, in the way of vaccines, bacterins, and antitoxins. Let doctors and nurses join in the hope that in the near future, the etiological relations of the micro-organisms to disease will be thoroughly known, and their toxins so well understood that their attacks may be forestalled by appropriate vaccines, and their ravages checked by specific antitoxins.

### ORGANIZATION, OR WHY BELONG? \*

By M. E. P. DAVIS, R.N.

IN the summer of 1893, the World's Fair was held in Chicago to celebrate the four hundredth anniversary of the discovery of America. International congresses on art, literature, the professions, mechanics, and every achievement of man, manual or intellectual, were held in sections or subsections. One of these, Section No. 3, was the International Congress of Charities, Corrections, and Philanthropy, a subsection of which was devoted to Hospitals, Dispensaries, and Nursing. The chair-

\* Read at the semi-annual meeting of the Massachusetts State Nurses' Association, Springfield, January 16, 1912.

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man of this subsection, Dr. John S. Billings, appointed the late Mrs. Robb, then Isabel Hampton, in charge of the Johns Hopkins School for Nurses, as chairman of the subdivision on nursing, which he created from his subsection. This was the first public recognition of nursing as a separate and independent profession.

There were papers and discussions on sick nursing and health nursing, district nursing, obstetric nursing, training the sisters of the Red Cross, Red Cross first aid, and others too numerous to mention. The one of most importance to us to-day was the paper by Edith A. Draper, at that time superintendent of the Illinois Training School, connected with the Cook County Hospital, Chicago, on the "Necessity of an American Nurses' Association." I call your attention to the fact that this was nearly nineteen years ago, and we adopted that name for our national society only last summer. Her paper throughout was a plea for organization and registration, the only attempt at organization then being a few local alumnae societies. She said in part: "We have gathered from east and west to take part in the World's Exhibition, this union of nations in one vast representation. It would be fitting to commemorate the time by adding our mite to the history of the Exhibition by becoming a united organization,—a national association with a legal status, that nursing may become an organized profession." That there were many obstacles to its accomplishment was fully appreciated, but the only unsurmountable ones would come from the nurses themselves, from their lack of energetic purpose, enthusiasm, ambition, a well-developed spirit of philanthropy that would lift the profession to a height, that the eyes of the nation might look up and not down. "Nothing is more conducive to the ruination of a project than lukewarmness and a conservatism that does not look beyond individual benefits."

Following the reading of Miss Draper's paper, Miss Hampton, the chairman, suggested that we meet that evening at St. Luke's Hospital and take steps to form a Superintendents' Society. As nearly as I can remember, some half dozen or so responded, chose a chairman and secretary, appointed a committee\* to draft a constitution and by-laws, and adjourned to meet the following year in New York. I may say here that from this small beginning the society has grown to number 375 members.

The objects of the Superintendents' Society were to promote better

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\* The members of this committee were: Miss Hampton, Miss Darehe, Miss Lett (who have died), and Miss Davis, Miss Alston, Miss McKechnie, Miss Palmer, Miss Sutcliffe. See First Annual Report of the Superintendents' Society.—Ed.



acquaintance between the members, to study methods of teaching, to discuss problems common to all, such as higher educational standards, both for admission into the schools and for instruction in the schools after admission, better housing conditions, better food, its preparation and serving, shorter hours, extending into the eight-hour system, the three years' course, the course at Teachers' College, a more uniform curriculum, a preliminary course, paid instructors in the schools, and incidentally a cultivation of the ethical side of the profession. These are some of the things that the superintendents have been instrumental in bringing about by their organization, and I must add that everything we have gained so far by organization has had its origin in the Superintendents' Society.

When that society was but two years old the annual convention was held in Boston, and at this meeting a committee of twelve was appointed to study ways and means for uniting into one body the alumnae of the different schools to form a national and representative organization.

The following year when the Superintendents' Society met in Philadelphia this committee reported so many difficulties that it was deemed wise to retain the original committee and to add twelve to its number. A meeting was held at Manhattan Beach to formulate plans to present to the associations and the Associated Alumnae held its organization meeting at Baltimore at the time of the fourth annual meeting of the Superintendents' Society. At the first annual meeting of the Associated Alumnae, held in New York, in 1898, twenty-three alumnae associations were members; now we have 142 alumnae associations, 31 state, and 24 city and county associations, all in good standing. On account of the incorporation into the Associated Alumnae of other interests, such as state, county and city, its name seemed no longer appropriate and was changed last year, in Boston, to the American Nurses' Association. The membership numbers anywhere from 17,000 to 20,000. The exact number cannot be given as many members belong to two or more of the societies affiliated.

At this same second annual convention of the superintendents in Boston the first whispers of a journal of our own were heard, which materialized in a few years into that with which we are all familiar, and of which we are so proud,—the *AMERICAN JOURNAL OF NURSING*,—not a nursing text-book, but the exponent of the progress and uplift of the profession. It is the property of the American Nurses' Association and should be subscribed for by every single member. It is unthinkable that anyone should have an equity in property and do absolutely nothing to make it more valuable. When I was in the *JOURNAL* office the outside subscriptions outnumbered those from the Associated Alumnae by quite a

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large margin. The public criticism has also been made that although the idea originated in Boston, Massachusetts has the smallest per capita subscription list of any state.

Now we come to the latest but by no means the least of our organizations, the state societies, organized primarily to give legal status and differentiation. The passage of the bill for state registration gave us legal status and a standard for legal qualification. Between the beginning and the end of all life and its possibilities lies the endless struggle of evolution and manifestation. The passage of the law was but the beginning. The great between lies all before us. Every step in advance brings greater responsibility, the evolution of larger aims, the vision of wider fields of usefulness and power. We are no longer a nonentity, the law recognizes us as a factor in its economy and protects us in our rights and privileges.

### AMUSEMENT OF THE CONVALESCENT BABY\*

By LOUELLA PURCELL, R.N.

Graduate of St. Luke's Hospital, St. Louis, Mo.

HARRIET CAMP LOUNSBERY has written for the January JOURNAL an article on the amusement of the convalescent. Knowing that you have read or will read this article, I shall confine myself to the convalescent baby.

Experience has taught me that success in amusing the convalescent depends not so much on what you do as what you are. A bright and cheerful disposition will carry you through most any long tedious period with the grown-up. Few indeed are the nurses that can handle the sick baby, and fewer still are nurses who enjoy this kind of work. This is to be deplored and yet to be expected, as the average nurse has had little training in that line. Children's ailments are such that they can seldom be cared for in the general hospital. Therefore the nurse is at sea when called to care for a child, suffering from some disease with which she has not come in contact, and has only the few notes which she has jotted down from some six or eight lectures. These give absolutely *no* help in the management of her small patient.

This is one of the greatest problems that confronts the private duty nurse. "What shall I do if the patient is a child?" How many nurses ask themselves that question, when the call for duty comes?

Children dislike to remain in bed after daylight, their favorite hour

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\* Read at a meeting of the St. Luke's Alumnae Association, January 17, 1912.

for awakening being 5.30 A.M., never later than 6, and immediately they demand to be taken up. This is true of the sick child, as well as of the convalescent, if the illness be not severe. Fortunately there are many diseases of childhood where the patient may occasionally be taken up for a short time, but there are times when they must be kept in bed during the entire convalescence. Then one must begin bright and early in the morning to amuse and entertain, in order that the child may forget that he is not to get up.

I have kept children patient and uncomplaining for days, by persuading them that their bed was a train or automobile and planning a different trip for each day. The sides of the bed were covered with heavy paper, with holes cut out for windows, the wheels made of large card-board or the ends of old hat boxes, a canopy of bright-colored paper over the head, a few boxes and bundles, and we are ready for the "Beautiful Isle of Nowhere," or "Wonderland." What matters it if the boxes and bundles contain last year's toys! They have been out of sight, perhaps a long time, perhaps only a day or two, but they are tied up and opened at just the right time, giving almost as much pleasure as when they were new. Then I have made a spider web over and around the bed, by using some brightly colored strips of tarleton and winding them in and out the sides of the crib and "criss-cross" over the top. They love to be shut in, as it were, and will usually object to their release.

Clothespins, if dressed in tissue paper and put on a cord across the bed, called by different and well-known names, will delight the child especially if it's a "make-believe party." I have even dressed each of the little fingers and toes, to increase the number of guests.

Children of this age do not, as a usual thing, enjoy the ordinary story. They may lie quiet for a little while and listen to "Little Pig" or "Mother Goose," but they soon tire and want something more exciting. Try them with make-up stories. They will understand better if you use familiar names for people. The cake houses and ice cream porches which you may build or rides on the chocolate horse or milking the candy cow, will all be enjoyed.

Then, too, you can make a game out of every treatment, and a party out of each feeding. True the tin soldiers and the woolly dog may be the guests of one, the dollies and the gingham cat of the other, but usually the patient will get the proper amount of nourishment, regardless of the fact that all have partaken. Take the dolly's temperature occasionally; it's a waste of time, but the small invalid won't want dolly to have one single thing done that baby has not, and he will willingly submit to almost any treatment if dolly has had it first.

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I remember one child who was particularly hard to manage and would not allow me to give treatment or medicine without a struggle, which so taxed his strength that I thought it would overbalance all the good that could ensue, and wondered if it had not better have been left undone. Then I stumbled onto an idea, that perhaps he would enjoy being some one else (he was only two), so I called him Susie, saying, "Open your mouth, Susie, and take your medicine." He responded immediately, glad to have Susie get the bitter dose. I had no more trouble through his entire illness, always giving the disagreeable things to Susie.

So the day passes, and when night comes on we start with the dollies and the doggies, and the little moo-cow, putting them all to bed first, and baby is almost always willing to join his pets when his turn comes.

The child a little older will enjoy kindergarten amusements, colored beads and crayons, paper dolls, or a race of marbles across the cutting board, paste-board houses and furniture, both of which are easily made. There are so many, many ways to amuse and entertain a child, even though they have few toys. Many a gorgeous necklace have I made for the small girl out of the diamonds from an old pack of playing cards, and many a garage, for the small boy, has been filled with advertisements from an old magazine. Hours have passed pleasantly for the girl of eight, while she watched me fit a petticoat or dress to her dolly; while the boy, that age, will have great fun sticking old stamps into a scrap-book, and thus the days go by rapidly, both for patient and for nurse, if she does not dislike the work.

Many a nurse is excellent with adults, but does not possess the peculiar knack of caring for a child, but fortunately more nurses are seeking experience in this line.

A good nurse is as necessary to a sick child as a good doctor, for the skill of the doctor cannot avail unless his directions are carried out to the letter.

## EMERGENCY CARE OF THE MENTALLY DISORDERED

By SMITH ELY JELLIFFE, M.D.

### PART II

(Continued from page 401)

THE delirium found in the patient who is suffering from a mental disease which we term general paresis, or softening of the brain, is usually quite different. It may be characterized by a loss of orientation and of violence; there may be hallucinations of sight and of hearing,

but its constantly-shifting nature, the mixture of extremely bizarre, incoherent, and uncoordinated actions, with marked changes in the distinctness of speech, with tremors, is classical. The patient usually shows a markedly happy, self-satisfied and self-laudatory mood which is in contrast to the more or less anxious mood of the toxic delirium patient.

The excitement of a patient suffering from the manic phase of a manic depressive psychosis is also marked by a happy exuberant mood, but the patient is usually remarkably clear. He has loss of orientation only in the severest grades of maniacal stupor. The manic excitement is further characterized by a lively interest in the things about him—by marked irritability and contentiousness, aggravating mischievousness or malicious destructiveness. Plain devilry may be the general attitude of the manic. He is excessively divertable not only in his speech, which is usually clear and distinct, hopping from one subject to another, usually with considerable logic and force, but also in his movements. The slightest movement or sound causes him to take up a new line of action or of speech and he snaps out his answers or phrases, and then laughs or sighs or rolls up in the bed clothes, all as though it were great sport. Hallucinations and delusions are not characteristically in the foreground.

It is extremely difficult for the untrained eye to distinguish the delirium of a manic patient from that of a paretic, and many trained eyes cannot do it, but in the average run of cases, it will be seen that the mental deterioration of the paretic is in evidence, while the excited manic shows little or no evidence of intellectual impairment.

One other feature of the mild manic case which it is important for the nurse to observe and record, is the tendency to the expression of delusional ideas of persecution. The French gave the very excellent name "reasoning folly" to these patients because of their continued contentiousness, and argumentativeness, combined with suspiciousness, and sometimes with long, complicated, and elaborate plots about poisoning, or efforts to do away with property, or suggestions regarding cliques, and crowds, and gangs, who get together for the patient's undoing in various ways. Whereas though one may find similar delusional developments in the paretic, as a rule the apparent logicalness of the whole scheme will be marred by grossly incongruous, and even foolish elements. The paretic, in unfolding a long story about persecution, is more likely to introduce some fantastic, bizarre, absurd, or plainly demented element in the plot, thus spoiling its congruity. Such little factors should be carefully noted for the physician's guidance, and are also useful in affording insight into the patient's own mind and its disorder, and thus offer clues as to modes of handling these ideas. Both types of patients can be, at times, diverted

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from the thread of their thoughts, and a little practice, with definite ideas behind them, makes one skilful in handling these cases.

Another real difficulty in handling manic cases arises in those mild cases, particularly, in whom there is a tendency toward scornful irritability. These patients are apparently not suffering from any mental disturbance, but are so intensely disagreeable that it is with the greatest difficulty that one can keep one's temper. They are often unusually bright and witty, but their wit is biting, sarcastic and extremely annoying, they seem to take a malicious pleasure in hurting one's feelings or in sharp answers and keen thrusts and complaints that the nurse is tempted to retort and for the moment forget that she is dealing with a diseased mind, and not a disagreeable person. Natural capacity to turn these thrusts is invaluable, but much can be done with practice in acquiring a method of leaving these patients much alone without seeming to neglect them. In this same category one can place the irritable alcoholic and drug case.

Another type of excitement is met with in the senile case. These can often be managed just as the parietic. Falling in with their whims will avoid a difficulty, as in the case mentioned by Dr. Barrus, of the senile dement who always wanted to go home, who would get out of bed, dress, and nothing could prevent his going out. Here the patient was permitted to go out, was walked around the block, and then arrived home and put to bed again, perfectly contented. I can quote you the familiar story of Dr. Clouston, the well-known Scotch alienist, who encountered one of his delusional patients at the top of a high cliff on one occasion. The patient grasped the doctor and told him he was going to throw him down to the bottom of the cliff. Instead of resisting, Dr. Clouston said, yes, that would be a good thing, and would show how strong a man he was, but he gravely remarked, "You see, such a strong man as you could throw me from the bottom to the top; suppose we go down and try it?"—to which the patient is said to have acquiesced, and on reaching the bottom other methods of extricating himself from his difficulty suggested themselves. This is only a small indication of the kind of tact that often has to be used in handling excited delusional patients.

Now let me turn to another aspect of our subject entirely. I refer to the various methods of restraint that may have to be utilized with patients who are too violent to be handled by the methods of which I have spoken. First: How should an excited individual be approached? Never try to handle a violent person alone,—two, or even three, are required. In taking hold of the patient the best method is for one nurse to grasp the



left wrist with her left hand, and the elbow with the right, another nurse grasping the right wrist with her right hand, and the elbow with the left, and then, both standing by the side of the patient, slowly push him backwards into a chair already provided, and brought up close to him. Never try to drag a patient along,—back him, and as you push him slightly backwards, the involuntary attempt to keep his balance will enable you to walk him directly into a chair, where he can be held until further assistance can be obtained. Avoid roughness as much as possible.

As to means of restraint for excitement, three general kinds may be mentioned; these are chemical, mechanical and hydrotherapy. Chemical restraint, by means of drugs, comes within the province of the physician, and no nurse would give a narcotic of her own initiative. Chemical restraint is frequently necessary, and clearly indicated from all points of view, but the drugs used are often extremely dangerous, and the responsibility involved should not be thought of lightly. If, in filling a physician's orders, you are called upon to administer such narcotics as chloral, paraldehyde, veronal, trional, morphine, hyoscine, or the like, you should never forget their poisonous properties. Great care must be taken in following exactly the directions as to dosage, and the drug should not be left in places accessible to the patient. The patient's own peculiarities should guide you as to the means of administration, but in general it is wisest to so give them as to attract the least amount of attention possible to the process. For this reason, the food is often one of the best vehicles to utilize. In delirium many patients will refuse to drink out of a spoon, but will take water or milk or other substances from a cup. A suspicion of an alcoholic drink, a drop of whiskey perhaps in the cup, will cause a delirium tremens patient to swallow a disagreeable dose without a word. Glass tubes and breakable articles should be avoided with the delirious, the confused and excited. For certain very resistant or suspicious patients rectal administration is alone practical. For others hypodermic methods are more advantageous.

Chemical restraint is very old. The ancients employed hyoscyamus (from which our modern hyoscine is obtained) very widely. It was held to be the sovereign remedy in all the psychoses, and at one time an island, Anticyra, upon which hellebore grew in large quantities, enjoyed a great reputation as a place to which the mentally diseased were sent for treatment. At the present time, however, it has come to be recognized that, after all, chemical restraint is far from ideal, and often works great detriment to the mind, chiefly because the remedies employed either so diminish bodily metabolism as to constitute a danger from this cause, or they so depress the nervous tissue as to do more harm than they do

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good. It is for these reasons chiefly that chemical restraint has given way to hydrotherapy.

Mechanical restraint, speaking generally, is the worst form of restraint. It excites the patient, and from continual irritation keeps up a motor excitement that works to great disadvantage. Last year, while in Berlin, working in the Charité Hospital I could see in the court of the psychiatric clinic several dogs, portions of the brains of which had been removed. In one, the entire cortex had been taken away, leaving only the basal ganglia. All the thinking apparatus was gone, all that was left was the centres for reflex activity. If left alone and undisturbed this dog would lie or sit perfectly quiet, but when the operator placed a tin pincher on his tail he immediately got up and ran about the yard in a stumbling fashion. The irritation being constant, the dog continued to run about, and only lay down when the pincher was removed. The delirious patient is in a somewhat similar condition. His thinking cortex is partly removed by the influence of his disease, and any irritating bands or straps, acting like reflex centres, make him furious. He beats and threshes to have them removed, and often the pressure of clothing, or the bed clothes alone, is enough to start the motor excitement. It is therefore imperative to use as little mechanical restraint as possible in handling violent patients. Occasionally, however, it is imperative that some sort of restraint be used. Straight jackets are out of fashion. Short muslin or canvas shirts, with sewed sleeves, are better and more serviceable. The control sheet which spreads over the patient, giving him freedom to move around within it, is also desirable at times. Occasionally a patient must be tied in bed. Here the ordinary bed sheets are the best to use. The feet can be securely fastened by broad bands, and then the ends fastened to the foot of the bed; but free play of at least a foot should be allowed each leg. A sheet can then be tied across the chest, with say 4 to 6 inches free play, and the hands fastened by sheets right and left, with play enough to permit brushing flies off the face, blowing the nose or other simple acts. To tie hand and foot hard down to the side and foot of bed is unnecessary and inhumane. Even when tying is necessary do not forget these excited periods are usually transitory only, after which the patient should be immediately released, having been tied up only 10 to 15 minutes. One is as much justified in keeping such patients tied up as one would be in locking up a drunk man for his life for fear when he drank again he would do some damage. Special forms of mechanical contrivances may have to be thought out for patients who show stereotyped movements, such as pounding the elbows or fists upon hard objects, or other movements which would result in localized injuries.

Hydrotherapy, however, is the best form of quieting excited and destructive patients. This can be given either by means of the hot pack, the wet sheet, the hot bath, or the continuous bath. The wet sheet and the hot pack provide hydrotherapy and mechanical restraint at the same time, but are rarely as useful as the continuous bath for the very excited patients. They are of great service for periodic restlessness and excitement. The hot pack is usually preferable. They resist as a rule in the beginning of the treatment, but usually get to enjoy it, and sometimes will go to sleep and remain in the pack an hour or so, and awake quiet and refreshed. The hot bath is particularly valuable for children who are excited and nervous. The temperature should average about  $102^{\circ}$ – $104^{\circ}$  F. They may stay in for an indefinite period.

The best mode of combating mental excitements, especially of the most severe grades, is by means of the continuous bath. As a rule such baths require special construction, and are obtainable only in special institutions,—yet many modern bathrooms are ideal for carrying out the treatment of the continuous bath. Even the most excited patients soon acquire a great liking for it, and do not leave it, or only temporarily will they climb in and out. The most violent maniacal excitements of paretics, dementia præcox cases with excitement, and manics are benefited for the most part by the continuous bath. The bath is so arranged that the flow of water is almost constant, and a proper mixer keeps the temperature at a proper heat— $93^{\circ}$ – $98^{\circ}$ . Some baths have electrical appliances to keep a check on the temperature, for in some stuporous excitements the patients are unable to protect themselves from being scalded. The patient lies or sits in the bath for hours, or days, or even weeks at a time. Special care must be devoted to the skin which is liable to acneiform eruptions which become easily infected. Special baths are constructed arranging for the passing of the feces and urine in the bath. Under ordinary circumstances the toilet can be utilized. The continuous bath is undoubtedly one of the most valuable aids in the treatment of acute and chronic maniacal excitements.

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## THE RED CROSS



IN CHARGE OF

**JANE A. DELANO, R.N.**

Chairman of National Committee on Red Cross Nursing Service

At the last meeting of the National Committee on Red Cross Nursing Service, it was decided that, in the future, nurses to be eligible for enrolment must be members of organizations affiliated with the American Nurses' Association. Letters already received from state and local committees seem to indicate a very general approval of this new requirement.

An awakening of interest in Red Cross work is evinced by the numerous Red Cross meetings which are being held this winter. The Graduate Nurses' Association of the District of Columbia has given the Red Cross a prominent place on its programme and has arranged for lectures by Mabel T. Boardman, Major-General George W. Davis, Major Charles Lynch, Georgia M. Nevins, Ernest P. Bicknell, and Jane A. Delano. Major Charles R. Reynolds, Medical Corps, U. S. A., lectured at a recent meeting of the Maryland State Association of Graduate Nurses on the relation of the Red Cross to the Army and Navy in time of war. Members of the Manhattan and Brooklyn local committees and superintendents of training schools spent an enjoyable evening at the home of Mrs. William K. Draper in New York on January 17. Mr. Robert W. DeForest, vice-president of the American National Red Cross, gave an instructive talk on the co-operation of the various relief agencies working under the direction of the Red Cross. He gave as an example of effective relief that recently rendered to the victims of the Washington Place fire in New York. The chairman of the National Committee on Red Cross Nursing Service spoke of the progress of enrolment and the far-reaching results of the requirements for enrolment which had been adopted by the Red Cross.

Mrs. Stevenson sends the following interesting notice:

The Red Cross Committee of the Alumnae Association of the New York City Training School for Nurses, consisting of Adelpia Collins, Florence M. Kelly, Mary B. Dowling, Jane M. Pindell, Frances H. Meyer, Irene B. Yocum, and Mrs. Charles G. Stevenson, chairman, held a meeting at the Nurses' Home, Blackwell's Island, on January 18, 8 P.M. The main object of the meeting was to interest the members of the

Training School in the Red Cross, and the nurses in training were all present in full uniform and made a most appreciative audience. A large number of the members of the *alumnae* and their friends were present, also the medical staff of the hospital.

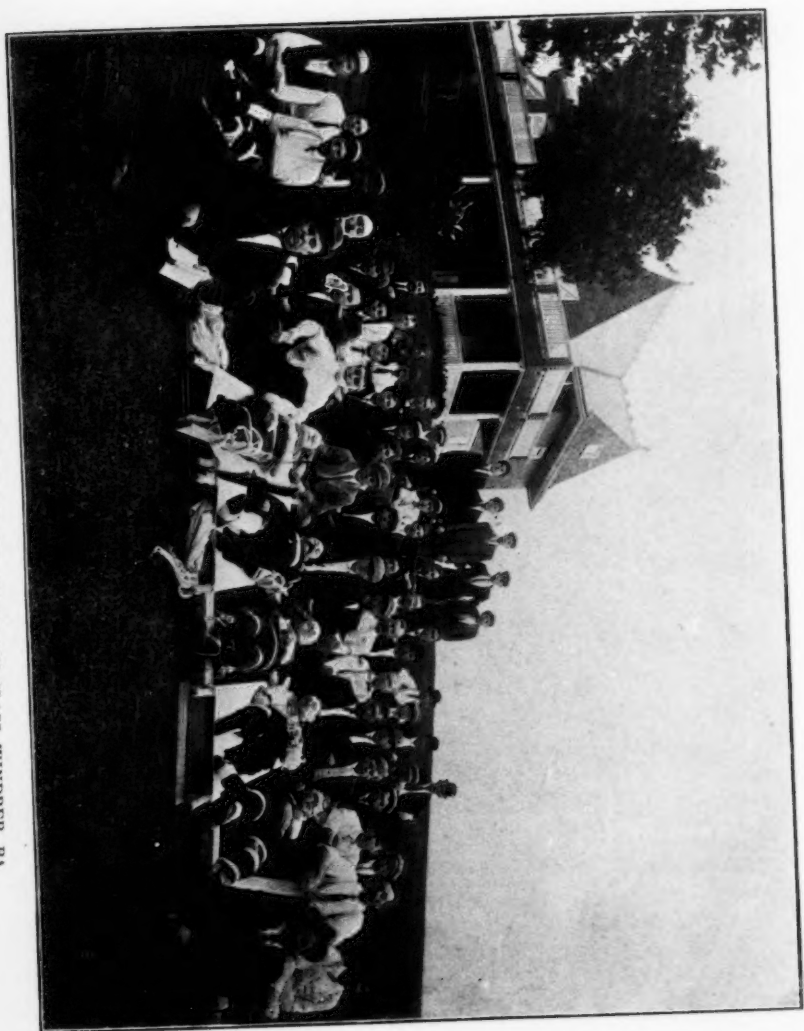
Miss Pindell made the opening address, welcoming all present and introduced as the first speaker Mrs. Stevenson, whose subject was the Red Cross at the opening of the Spanish-American War. At that time Mrs. Stevenson enrolled as a volunteer nurse in the old Red Cross organization, of which Miss Clara Barton was president. She gave an account of her first experience in active service, showing how time and money and energy and human life were lost, owing to the lack of Red Cross nursing organizations, in order that the nurses might understand why they were urged to give their active co-operation and support to the present Red Cross Nurses Corps.

Miss Pindell then introduced Miss Delano, chairman of the National Committee on Red Cross Nursing Service, who was given a most enthusiastic greeting by all present. Miss Delano gave a very interesting account of her first experience with the old Red Cross organization during the yellow fever epidemic at Jacksonville, Florida, in 1887. At this time organization for nursing service was unheard of, and conditions were correspondingly chaotic. In spite of this discouraging introduction to the Red Cross, Miss Delano never lost faith in the possibility of creating an efficient nursing service, and she described in detail the present method of enrolling nurses for Red Cross work and the procedure for calling them into service. This was illustrated with an account of the assignment of Red Cross nurses for duty at the base hospital at Fort Sam Houston during the army manoeuvres last May, which had proved the effectiveness of the present nursing service.

The meeting closed with a short address from Mrs. Cadwallader Jones, chairman of the Advisory Board of the Training School, who urged each person present to become a member of the Red Cross. An informal dance followed and all present felt that they had spent a most enjoyable as well as instructive evening.

Frequent inquiry has been made concerning the use of the Red Cross flag, and the following statement is authorized:

State associations of nurses organized for Red Cross work are members of the American Red Cross and as such are entitled to use the Red Cross flag at their meetings. Duly appointed state and local committees on Red Cross Nursing Service are allowed the same privilege, but the Red Cross flag should never be placed above the "Stars and Stripes."



BERWIND WHITE COAL MINING COMPANY. FIRST AID CLASS, WINDBER, PA.



THE OXYGEN REVIVING APPARATUS BEING USED ON AN ASPHYXIATED MINER.

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At the recent mine disaster in Briceville, Tennessee, canaries were used for the first time in mine relief work as a test for poisonous gases. The miners, wearing oxygen helmets, carried these birds which are most sensitive to impure air to give warning when dangerous localities were reached. As soon as they gave evidence of dizziness the rescuers retreated and the birds were at once placed in closed cages and given oxygen, which quickly restored them to a normal condition.

THE American Numismatic Society has just presented to the American Red Cross a series of fine designs for its medals, the designs having been prepared by the sculptor, Gutzon Borglum. The medals made from these designs will be used as awards for specially meritorious volunteer services rendered the Red Cross, for first-aid competitions, and for badges and awards in connection with the Ninth International Red Cross Conference. The faces of all these medals will have the same design but the reverse sides of the four classes of medals will be different and of especially appropriate patterns. On the face of each medal will appear the figure of a knight in armor, kneeling over the prostrate form of a man to whom he offers a cup of water. On the breast-plate of his armor gleams the Red Cross, the emblem of unselfish work for humanity. In the background stands a wearied horse, from which the knight has dismounted to render aid.

PREPARATIONS for the International Conference to be held in Washington, May 7 to 17, 1912, are well under way. In connection with the conference there will be an exhibit of humanitarian inventions, and prizes aggregating \$10,000 will be awarded to exhibitors by an international jury. A special building is now being constructed in Potomac Park for the housing of this exhibit. It is in the form of an immense cross and will contain about eighteen thousand square feet of floor space. It is earnestly hoped that many Red Cross nurses may be able to attend this conference, and the chairman of the National Committee will gladly render any assistance possible. Hotel reservations should be made in advance, and the following are recommended: The Shoreham, 15th and H Streets, \$2 a day up, E. P. Bath, \$1 extra. The New Willard, 14th and F Streets, \$2.50 a day up, E. P. Bath, \$1 extra. The Arlington, Vermont Avenue and I Street, \$2 a day up, E. P. Bath, \$1 extra. The Richmond, 17th and H Streets, \$1.50 a day up, E. P. Bath, \$1 extra. The Richmond is nearest to the Pan-American Union Building, where the meetings will be held, and the Exposition Building.

## FOREIGN DEPARTMENT



IN CHARGE OF

LAVINIA L. DOCK, R.N.

### THE INTERNATIONAL COUNCIL AT COLOGNE

BECAUSE of some unforeseen changes in German holidays, made by the Department of Education, Sister Agnes was obliged to notify us that the date, August 12, would have to be changed. This word did not reach us in time to prevent the 12th from being announced in our JOURNALS. Since then we have waited to *get* the last word before taking up congress matters again, and this explains the silence that suddenly fell upon international news. The date is now set for August 4.

Sister Agnes has really had more than any one person should be allowed to do, in the past and present year, and how she gets through with it all is a mystery. Last summer she translated the second volume of "A History of Nursing," and finished correcting the proofs in a perfect whirl of organization work; she had the general direction of the German Nurses' Conference and Exhibit at Dresden; has another similar, but even more detailed and exacting meeting and exhibit, with programme to arrange, in connection with the National Council of Women this spring; carried through an important joint gathering in Berlin, has made and must keep on making tours to one part and another of the empire to speak and organize and conduct propaganda for the nursing cause, and in the midst of all deals with a crushing burden of personal problems that people bring to her from all over. Then, too, she has gone once and must go again to Cologne to make personally all the many arrangements.

American nurses, of course, cannot hope to get special steamer rates, as there are not enough who will promise to go and come together to make it possible. Steamers already are filled, and prices are high, which is much to be deplored.

As has been said, the programme will specialize on new lines of work, a considerable part of the time being given to this. We shall not have, from the different countries, the general kind of reports previously called for, as we now know pretty well the affairs in general in other lands than our own, but each country will send one paper covering its full progress in "social service" or "public service" nursing, which is really the

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coming development of nursing on the lines looking toward health-saving, as foreseen by Miss Nightingale.

On educational lines we shall begin with the first reports of the International Education Committee, as planned by Mrs. Robb and her committee, in the year of the last congress. These reports deal with preparatory teaching in training schools, and will be grouped and presented by Miss Hubrecht, of Holland, whom Mrs. Robb had made secretary of the committee. At each congress the next higher stage of nursing education will be thus studied internationally, and efforts made to agree upon a universal "minimum," so that we may all presently speak that "international nursing language" which Mrs. Robb hoped we would learn. Countries where registration is in force will send reports on its practical working and efficiency, and other topics, too, will be considered, which will be timely and helpful in the present state of German nursing problems.

#### ITEMS

MISS NIGHTINGALE's executors have advertised for letters or other material to be placed in their hands for use in a memoir, and we may now hope that a full and authoritative life of that remarkable woman shall shortly appear. It is now decided that a statue of Miss Nightingale shall be erected in Waterloo Place, London.

THE *Australasian Nurses' Journal* has been giving some very interesting pages of early pioneer nursing in Australian hospitals,—the work of Miss Osborn and her associates, the first Nightingale nurses,—and of their first graduates, whose achievements were equally splendid. Only forty years ago, and yet the hospital conditions are described as being horrible as those of prisons in the Dark Ages!

MISS ISLA BLOMFIELD, who came to the Buffalo Congress in 1901 from Australia, has been appointed sanitary inspector in Sydney by the City Council. She has had much valuable training and experience to fit her for this post.

THE Irish nurses, through their secretary, Miss Carson-Rae, a most able and stanch, sensible woman, are protesting vigorously against the introduction into Ireland of an order of three-months trained women to act as nurses for the sick poor. Miss Carson-Rae justly says: "Those who propose to employ partially trained women take upon themselves a heavy burden of responsibility, for the mistakes which occur from unskilled labor not only endanger but may cost life." As she rightly adds,

the whole question is one of money, and this pressure toward a low-priced, untrained "nurse" is one that is felt in every part of our money-governed so-called civilization.

THE Third Volume of History has been brought to a standstill by the unavoidable delay of some foreign material for which it is waiting. It had been expected that it would appear this spring, but it is still possible that it may be finished by the time of the Cologne Congress. The editor regrets the delay, and hopes nurses will not forget all about its coming. The different countries are dealt with separately, each one's story being distinct, and the radiating influence of Miss Nightingale is very wonderfully shown in the early steps of each attempt at nursing reformation. Hers was indeed a rare destiny. The editor believes the third volume will be valuable to nurses and trusts they will buy it in large numbers, as its royalties are all to go to the International Treasury and so to benefit the cause of nursing in general.

THE English and German nurses, together, will give the Nursing Pageant, in Cologne, which was so beautiful and successful in England. This alone will be worth going over for, especially as it will be shown in a superb mediæval hall, perfectly restored, the Gürzenich, where the congress meetings are to be held.

*Nursing Notes* for February has a very appreciative editorial on the advanced work for nurses at Teachers' College. It says: "The modern woman . . . wants to study her profession from the sociological, from the psychological standpoint, as a branch of social service, and if she cannot do this she will take to some other line of work. . . ."

*La Garde-Malade Hospitalière* for January has an exceedingly interesting account written by Dr. Lande himself, of his efforts to place trained nurses in the public schools. He has now succeeded in his determination, upon offering to relieve the city government of any financial obligation. The nurse will enter the schools, there, as here, paid by altruistic efforts, to make a demonstration. We have no doubt at all it will be as successful in Bordeaux as in New York, and offer Dr. Lande our sincere appreciation.

AN English nurse writes to the *British Journal of Nursing* that she is not a member of any league because, though trained in a very large hospital, the graduate nurses are not organized; that she dare not belong to the Society for State Registration because "our matron and

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committee do not approve of it," and that "when the International Congress was held in London we were not permitted to take any part in it—and unless one risks one's livelihood one has just to grin and bear it." American nurses will hardly be able to credit such conditions. Though we know that such intimidation does exist, however, we believe this nurse would surprise herself by the good results of showing a little more spirit, if she would but try. Petty despots are always cowards, and our advice to the nurse is: "Dare to revolt!" She will find that submission to tyranny only makes her lot worse.

THERE will be a nursing exhibit at Cologne, and societies of nurses are asked to send their literature, magazines, photographs, charts, and anything else that they can supply.

The English Leagues have their own flags, which they will take, and we suggest that the American Nurses' Association might well adopt and send its distinctive flag.

## DEPARTMENT OF VISITING NURSING AND SOCIAL WELFARE\*



IN CHARGE OF

EDNA L. FOLEY, R.N.

OHIO.—The fifth annual report of the Babies' Dispensary and Hospital of Cleveland shows that their progress has been a very rapid one and always on an up-grade. The splendid illustrations prove, among other things, that small beginnings are not to be despised, for how could even the most enthusiastic supporter of babyhood foresee that the milk-boy with his hand-cart would be replaced by a motor-truck milk-delivery in half a decade. And in the tragic photograph of the fretful, world-weary mite of humanity, whose sufferings seem so nearly over, only the most sanguine, patient of nurses could see the possibility of his Serene Highness who so graciously deigns to pose for the camera-man.

An appropriation of \$10,000 from an unusually enlightened Board of Health made it possible to extend the work during the summer, and eight more nurses were added to the staff, making twelve Board of Health nurses and five Out-Door Ward nurses working under the supervision of the Babies' Dispensary and Hospital. All sorts of babies were treated and cared for, two nurses being assigned to look after babies suffering from ophthalmia neonatorum. In seven months, these nurses had treated 185 cases in their homes, forty of whom would probably have been permanently blind had they not received special care. The State Board of Ohio has given the nurses the privilege of going into boarding-homes for babies to instruct and advise the care-taker, but as these homes are run primarily for profit and not for the baby's welfare, a special plea is made for middle-class boarding homes for these neglected children, where there will not be more than one baby to a home, all of the homes to be under the supervision of a nurse who will be appointed for this special duty. The report of the Superintendent of Nurses, Harriet L. Leet, emphasizes the fact that the greatest need in Cleveland is for hospital room for sick babies, for in spite of the valiant efforts of the staff at the Out-Door Ward last summer, many babies were lost whom hospital care might have saved.

\* Contributions for this department may be sent to Room 1411, 127 N. Dearborn St., Chicago.

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Not only is the whole report especially interesting to all nurses, but its excellent photographs, clear type, and well-arranged subject-matter show how effectively an annual report may be presented. We all agree with the director of a Charity Organization Society who said that "he was always anxious to have his yearly reports reach the desks of his subscribers, not their waste-baskets," and yet some associations do not seem to realize that in this century of many interests it is the unusual report that escapes the waste-basket. A page full of accurate statistics is imposing, but conveys little to the mind of the casual reader, whereas the photograph of a successful "case," or a dirty alley, or an appealing child, accompanied by a true "human interest" story, not only increases the subscriptions from its readers, but enlists their sympathy and help when public measures to protect the happiness and lives of our chosen people are up before the legislature. Let every busy visiting nurse remember that she is in duty bound to share some of this "local color" with which her daily life abounds with the vast majority who otherwise would not realize how the other half lives. To steal from Dr. Cabot, our duty is as much to the "floundering rich" as to the "struggling poor" and as an annual report is one of our mediums of interpreting the latter to the former, let us not feel that long hours given in its preparation are other than well-spent.

Cleveland nurses have been fortunate enough to be invited to attend an interesting course of lectures, given under the auspices of the Western Reserve University and The Visiting Nurse Association, of Cleveland, on "The Traditions and Ideals of our Foreign Population," for the class in the training of nurses for social work. The lectures are given every fortnight, the lecturers being members of the university staff. Cleveland has a very large foreign-born population, and the following titles give some idea of the number of nationalities with whom the nurses come in contact: The Modern Greeks, The Germans at Home, The Magyars at Home and in America, The Italians, The Bohemian and the Slovak on Their Native Soil and in America, the Southern Slavs, Racial Characteristics of the Jew (two lectures), The Poles. Other nursing associations in university towns might well profit by Cleveland's good example.

WISCONSIN.—As a result of the careful anti-tuberculosis campaign that has been carried on in Wisconsin during the past few years, several towns are looking into local conditions more thoroughly, and the demand for nurses trained in visiting tuberculosis nursing work is growing

daily. La Crosse has had a nurse for one year; the people are greatly pleased with the results of her work. Kenosha recently appropriated \$500 to be used toward a nurse's salary. The Richland Centre Anti-Tuberculosis Association has decided that the next step in its campaign will be the employment of a nurse. Stoughton plans to spend its share of the Christmas Red Cross seal money for a nurse who may divide her time between it and two neighboring towns, Edgerton and Milton.

The Milwaukee Visiting Nurse Association has recently published its Fourth Annual Report for the year ending November 1, 1911. Under the superintendentship of Mrs. Kate Kohlsaet there are now thirteen visiting nurses; five are working in the districts and also for the Metropolitan Life Insurance Company; four are assisting in the Department of Medical Inspection of the public schools; one nurse is working with the Pfister & Vogel Leather Company; two nurses are assisting the Child Welfare Commission; and one nurse gives half her time to the Northwestern Malleable Iron Company and the other half to district work. During the year the nurses made calls at the homes of twenty-eight different nationalities, and cared for in the baby tents during July and August, seventy-five infants.

CALIFORNIA.—Ednah Shuey, president of the California State Nurses' Association, has resigned her position as visiting tuberculosis nurse of the San Francisco Association for the Study and Prevention of Tuberculosis and is now in charge of the Berkeley Dispensary, West Berkeley. Clinics are held daily, except Sundays and holidays, and lectures are given on hygiene and simple home treatment of minor ailments. The dispensary is comfortably located in an eight-room house, and minor operations on ear, eye, nose and throat are performed there. As yet Berkeley has no school nurse, but the teachers watch the children closely and co-operate with the dispensary in every possible way. The Berkeley schools, however, have a dental nurse and employ a graduate woman dentist, who inspects the teeth of all of the school children and examines for adenoids and tonsils at the same time. A free dental clinic is maintained for the children, supported by the dental society of Berkeley.

Violet M. Jensen, Hahnemann Hospital, Chicago, has accepted the position of Visiting Nurse at Rockford. Miss Jensen will be Rockford's first visiting nurse and spent two weeks in Chicago, in January, looking into the work.

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## NOTES FROM THE MEDICAL PRESS



IN CHARGE OF

ELISABETH ROBINSON SCOVIL

SEPSIS AND ANTISEPSIS IN MEDICINE.—The *Johns Hopkins Hospital Bulletin* publishes an extremely interesting paper, by Dr. William Sydney Thayer, which should be carefully read by nurses. He contrasts the extreme care which is taken by the conscientious surgeon in the matter of asepsis with the carelessness of much medical work.

The surgeon has banished hospital gangrene and wound infection from his wards by his own individual, careful, exact prophylactic methods. The physician still allows cases of typhoid, tuberculosis, and influenza to occupy adjacent beds. Flies are permitted to roam about the wards, or in and out of the sick room in private houses, carrying infection. The physician and nurses pass from bed to bed without washing their hands. The regulations for the care of the vessels in the lavatory or the disinfecting of soiled clothing is often perfunctorily carried out, especially when entrusted to orderlies, the bath water is allowed to escape into the drain without being disinfected. All this is in striking contrast to the extreme care exercised in the operating room and in the care of wounds, which has led to the stamping out of wound infection. If each infectious disease could be confined to the case being dealt with and not transmitted to another victim, these diseases would cease to plague mankind.

SALUTARY EMOTIONS.—The *Medical Record* says, in an editorial, that Spitzka some years ago estimated that the mortality from wounds in battle is in the defeated army in proportion to that among the victors as four to three, or even as three to two. Bonnette, a French army surgeon, speaks of the physical intoxication of victory and the extent to which bodily pain can be vanquished by the sense of military triumph. The victorious army defies disease in like measure; it is the beaten army that succumbs to pain and is ravaged by disease. This striking illustration of the power of the mind over the body shows the importance of encouraging cheerfulness and hopefulness in a patient. To awaken emotions of courage, and faith in the skill of the physician or surgeon, may turn the scale in the patient's favor. It is a part of the nurse's duty to help to produce this favoring environment.

DISEASES CURED OR IMPROVED BY COLD AIR.—*American Medicine* says that malaria is benefited, even if not cured by cold air, relapses

occurring in hot weather. Dysentery and other intestinal diseases show the same peculiarity. The results of cold air in tuberculosis are well known. Cold air is beneficial in tetanus; guinea pigs infected with the germ may not develop the disease if kept in cold air; hot air hastens the appearance of the symptoms. As for therapy, cold air is now as necessary as quinine or mercury, and every hospital must be equipped. In a short time it will be a mere routine. As to prescribing the degree of cold to be maintained in the ward, it will then be done by the turn of a valve, without altering the ventilation in the least.

The reasons why cold air is curative have not yet been discovered. Cold air has more oxygen, requires fewer respirations and less heart-energy, both of which are vital matters when the heart is laboring. Cold withdraws the blood from the surface and renders more available internally. An anæmic person thus makes his blood more effective and may actually need less. The bracing effect of cold air on the nervous system is well known. The blood pressure in cold air should be studied, as it may be the key to the problem.

**PHYSICAL THERAPEUTICS.**—Dr. Mary Arnold Snow, in a paper published in the *Medical Record*, urges that physical therapeutics should be more dwelt upon in the medical journals and urged upon the medical profession. She defines it as the treatment of disease by those natural methods, in contradistinction to drugs, which assist or correct nature in her efforts to restore a normal condition. It includes electricity, radium, light and heat, hydrotherapy, mechanotherapy, and diet.

Electricity is a most potent agency. It comprises the constant, or galvanic current, the interrupted, or faradic current, the static, the high-frequency and the sinusoidal currents, as well as the X-ray. Radiant light and heat represent the employment of the electric arc, the incandescent light, the mercury vapor lamp, the actinolite, the solar arc lamp, the Finsen apparatus, the Minn blue light, arc light cabinets and incandescent bath cabinets.

The value of heat in the treatment of inflammatory conditions has long been known, and moist or dry heat applied. In joint inflammation and sepsis it is the treatment of choice. Many an arm and leg might have been saved had the value of hot air treatment been fully understood.

Hydrotherapy includes the study of the action of heat, cold and other uses of water of varying temperatures externally and internally. It is used in all conditions demanding better elimination.

Mechanotherapy indicates manual or instrumental manipulation of the parts of the human body. It includes massage, therapeutic exercise and mechanical vibration. Activity is essential to well being, but to

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attain results exercise must be prescribed intelligently for the cure of a pathological condition.

Dietetics is a study of foods as regards their elements, properties, nutritive value, purity, and adaptability in the treatment of disease in order to establish and maintain a normal balance.

These measures of cure apart from drugs should be more generally studied by the surgeon, neurologist, laryngologist, internist, gynecologist, dermatologist, and genito-urinary specialist.

**RHEUMATISM AND AN UNQUESTIONABLE REMEDY.**—Under the above title, Dr. Lambert Ott writes in the *New York Medical Journal* of a remedy which he has used successfully for the relief of rheumatism, sciatica, and gout. It is acetylmethylenedisalicylic acid, which, if it becomes popular, we trust may be prescribed under some shorter name. It causes a rapid subsidence of the swelling and fever and a consequent abatement of the pain. In the chronic rheumatic conditions where the joints have become stiff and almost ankylosed from the enlargements following persistent attacks, mobility has been restored to the joints and their size decreased by its use. It has been given for six months, or a year, in daily amounts of from 90 to 120 grains, with specially beneficial results.

**SALVARSAN IN TYPHUS FEVER.**—*The New England Medical Monthly*, quoting from a Spanish medical journal, reports two cases of typhus fever in which this remedy was tried. In the first the temperature was 39.2 Centigrade, the eruption was fully out and the patient in a condition of stupor; 0.40 gram of salvarsan was injected intravenously. The fever rapidly disappeared, the general state markedly improved, and the eruption commenced to fade on the following day. Convalescence was rapid. The second case was less severe, although the diagnosis was undoubted. Convalescence was uninterrupted and quick. Both of these patients were women. In two subsequent cases, where the patients were men, the result was similar.

**ACTION OF HOT AIR IN GYNÆCOLOGY.**—The same journals report the results of the treatment of twenty cases of diseases of the female genital organs with hot air, without other treatment. The patients were placed in the dorso-sacral position and Cusco's speculum introduced, surrounded by a roll of cotton wool to protect the parts. The sittings lasted from 10 to 15 minutes. The current of hot air was directed alternately upon the posterior vaginal cul de sac and upon the iliac fossa. The hot air acts as an analgesic, resorbent and resolvent, augmenting the defensive forces, particularly of the blood.

## LETTERS TO THE EDITOR



*The Editor is not responsible for opinions expressed in this Department.]*

### DUTIES OF THE PERMANENT NURSE

DEAR EDITOR: Will some nurse who has had experience as family nurse in large or wealthy families kindly tell me what salary is usually paid for such work? Also what are the nurse's duties when there is no sickness in the family?

Illinois.

G. M., R.N.

### EXCESSIVE PERSPIRATION

DEAR EDITOR: In answer to H. C. M. in the January number, I suggest bathing the armpits twice daily with bromo-chloralum, a non-poisonous disinfectant. Continue treatment three weeks. I have a number of friends who have used this with splendid results.

Kentucky.

"E."

### PUZZLED TEACHER

DEAR EDITOR: It is probably true, as you suggest, that homeopathic physicians, as a rule, do not think it necessary for nurses to have "a very broad knowledge of materia medica," especially of the homeopathic materia medica, for nurses are not expected to prescribe for their patients. And, moreover, no homeopathic physician will prescribe a preparation of any drug that will cause conditions that will demand antidotal treatment.

The same lecture work that is usually given, supplemented by a few lectures by a homeopathic physician to your seniors, will be sufficient to qualify your graduates for attendance upon the patients of all schools of—I was going to say "medicine," but will make it *practice*, as the patients of osteopath and Christian Science practitioners have to employ nurses, as I personally know.

Indiana.

M. D.

### THE FOOT BAG

DEAR EDITOR: I am not a nurse but for some years have been a subscriber and faithful reader of the JOURNAL. When the January number arrived we were contending with weather 10° below zero and still sleeping with open windows. I noticed the suggestion offered by F. E. S. S. for a foot bag and at once made one, and find it a grand success. I wish other readers that have friends or are themselves troubled with cold extremities would try the suggestion.

Illinois.

A SUBSCRIBER.

### THE INTERSTATE SECRETARY IN MICHIGAN

DEAR EDITOR: I have much pleasure in announcing that Miss McIsaac's visit to our training school has been a great stimulus to my nurses, and I feel sure will be a lasting benefit to them. My only regret is that her visit was so short.

Newberry State Hospital, Michigan.

HELEN C. SINCLAIR, R.N.



## THE CLEVELAND CLUB HOUSE

DEAR EDITOR: The Isabel Hampton Robb Memorial in Cleveland, which has slowly been developing during the past eighteen months, has been established. In outward form a club house for graduate nurses, it is a broad, three-story dwelling house in a central location, accommodating about twenty nurses in residence. The arrangement of the interior is very similar to that of Mrs. Robb's last home, making it especially appropriate and giving to it almost her personal touch.

In the Memorial will be located the registry for graduate nurses and other nursing interests, in accordance with the ideas expressed by Mrs. Robb to her friends. She wished earnestly for the influences making for the uplift of her profession and it is hoped to make the spirit of the Memorial in accordance, not a club house only, but a source of light and strength in the nursing world, as she stood a leader among women of her profession. With this end in view it is necessary to establish a fund, the interest to be used for lectures, giving to all nurses advantages, so that the graduate of yesterday may keep in touch with the newer knowledge of the graduate of to-day. It is hoped by this means to attract women of broad intelligence, for surely she, upon whose care depends life and death, should be equipped mentally as well as physically and morally for her great responsibility.

The work of establishing the Memorial has been undertaken by a committee composed of graduate nurses and other friends of Mrs. Robb. Friends from afar as well as those in Cleveland are contributing to the fund. The building has been paid for, but it is not yet entirely equipped. Some rooms are being furnished by individual subscriptions, others by the combined subscriptions, of groups of friends, and it is hoped the house will be ready for occupancy by March first, when the management will be entirely in the control of the Graduate Nurses' Association of Cleveland.

It is needless to say how great is the gratification of those who have undertaken this task at the satisfactory outcome. The inspiration of Mrs. Robb's character and personality, and the desire to see a fitting Memorial in the city to the betterment of which she gave her wise counsel and untiring energy, have been the incentives which have led to its establishment.

It now rests with the nursing body to realize in the Memorial her highest ideals. As she saw visions and dreamed dreams may you hasten into existence the facts.

Ohio.

HELEN NEWELL GARFIELD.

## ATTENDANTS

## I

DEAR EDITOR: I like my JOURNAL very much, and I am glad when the day comes around, that brings it to me.

I am especially interested in the question now being discussed namely, "The Assistant to the Trained Nurse." There are points for and many against her. I agree with the JOURNAL, that it is a hard problem to solve. Personally I think partly trained attendants are apt to overstep the boundary set for them, and pose as nurses having a wider experience, gaining a better salary in an easy manner, and usurping the place of the nurse who has spent three of the best years of her life in a training school. I hope to hear both sides of the question. Very truly yours.

R. C.

## II

DEAR EDITOR: May I say that the suggestion that nurses should amend their own registration acts so as to provide for a class of legally recognized trained attendants seems to me a most destructive and despairing proposal, opening the way to a complete confusion as to nursing standards?

We are nurses, holding an ideal standard of what nursing should be. We try to embody this standard in an accepted minimum of training and protect it by legislation. Our business is to support and advance our standard, not to bring other classes of workers into existence. If there are to be trained attendants their right is for their own leaders to come forward and state their aims and wishes and to work for the education and protection that they feel it their right to have. We have no more right to create and control the training of a class of attendants than physicians have to create and control nurses.

Why should we do to others what we refuse having done to us?

The argument is made that, as we resent efforts by physicians to suppress education for nurses and the advance of the nursing profession so in turn we should not oppose the creation of a legally established attendant class. But there are no people desirous of being attendants—there is no movement toward purposely upbuilding an attendant class. The nursing movement was to lift women up, but an attendant movement is to press them down and back. The two cases are thus not similar, and the argument is not sound. An attendant class is inevitably a class economically sweated, underpaid, and oppressed. We should therefore do a social wrong by calling it into being. Proofs of this statement may be seen in many foreign countries.

It is also said that the attendant class is actually here, that many hospitals are simply giving an attendant's training, and that it would be better to recognize this by legalizing the inferior status. This seems to me a contradiction of all the laws of growth. I fully believe there are in the country just as many poorly taught doctors as there are poorly taught nurses, but because of that medical schools and medical laws do not cease trying to bring all up to one reasonable level of honest standard, professionally, and why should we? Are we so quickly discouraged? Did we not know that there was only one way of safety and that was, to lift high our standard and encourage all to follow it?

As a matter of fact what most people really mean when they talk of "attendant" or second grade nurse, is not really a nurse. What they mean, and what they need, is a good household help—a very different thing. Because they do not know how to get her, they grasp at the nurse, who is taught to shirk no duty, and because the nurse is expensive they search for ways to produce a cheap nurse. The household help is needed, but she is not our problem. Let us not be stampeded by false doctrines among our friends or by the colossal power of huge financial concerns. Meantime, all these threats of danger convince me more firmly, if that be possible, of the urgent, daily growing need for women to "count" for something, politically—the need of active citizenship—the need of the ballot in our hands—final instrument for guiding legislation.

New York.

L. L. DOCK, R.N.

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## AROUND-THE-WORLD LETTERS

(Extracts from letters dated November 22 to 28.)

DEAR EDITOR: We have a four days' stop in Bombay to allow the passengers who made the side trip to Agra to get back to the ship. I have been very busy, but through the kind consideration of the doctor, I had an opportunity to go ashore for one day. With a guide, a Mohammedan, with a stunning white turban, Norfolk jacket, and tight-fitting checked trousers, I saw the sights. The streets and the bazaars are just as picturesque as in Cairo, only a little less dirty. There is more white worn, and it is usually clean. There was no time to visit the hospitals. I saw the Tower of Silence where the Parsees place their dead to be devoured by vultures. It sounds horrible, but when you see these secluded towers set in this beautiful garden, and notice the reverence and intelligence with which they interpret their belief, you almost wish you could believe it too. The body is carried on a litter in a winding sheet, all white. The mourners, all men, follow on foot, dressed in white, walking two by two, holding handkerchiefs between them. The procession halts at a certain point in the garden. Two bearers carry the litter inside of the tower, removing the sheet with hooks or holders, their faces averted. They immediately withdraw, and the vultures swoop down, picking the body clean in two hours. The sun bleaches the bones very quickly. In the rainy season, they are all washed into a pit in the centre where they are entirely destroyed by the action of the sun and rain. The water flows out through two filters, returning to the earth. In this way they fulfil their belief of "earth to earth." Not even the Parsees themselves have ever been inside the tower,—only the bearers, who belong to a certain caste, and are bound by sacred vows. There are five towers, one built 250 years ago, when found inadequate, was left for the old families, like Trinity church yard. One is for those who commit suicide or die in a hospital. Two are for different castes or degrees of wealth, I could not understand just which, and the fifth for just anybody not classified in the other four. The Parsees look very intelligent, clean, prosperous, and do not wear barbaric ornaments in their noses and ears.

The Hindus burn their dead. When they are rich, their funeral pile is of sandalwood, when poor, any other wood. The funeral piles looked exactly like our fires made of railroad ties. The mourners sit hunched on benches, just out of range of the heat of the fire. The ashes are afterward placed in a vessel and hung on a tree in the court yard, and when there are a sufficient number a pilgrimage is made to the sacred city of Benares and there cast into the Ganges. . . .

November 28th. I have just been to "The Garden of Eden," and like the other sinners, I had to leave. Only the reason was different; I assure you there were no apples. We are in Colombo, Ceylon, and yesterday we went to Kandy, which they say is the original paradise. When I saw it I believed it; never have I seen such beauty. There are mountains that are more lovable than impressive. The vegetation is all like a huge park—and the people most beautiful of all, like bronze statues—plump babies; lithe, straight, handsome young people; dignified, gracious age. School was closed on account of the onslaught of "American millionaires." The streets were lined with laughing, cheering, waving children. It was my first experience in a rickshaw, and there will never be another one quite like it.

CHARLOTTE EHRLICHER.

## NURSING NEWS AND ANNOUNCEMENTS



### NATIONAL

#### THE CHICAGO MEETINGS

At the last Council Meeting of the American Society of Superintendents of Training Schools for Nurses, it was decided that the dates for the Convention to be held in Chicago, Illinois, would be June 3d, 4th, and 5th of this year.

MARY C. WHEELER, R.N., President.

#### IMPORTANT NOTICE

THE fifteenth annual convention of the American Nurses' Association will be held on June 5, 6, and 7, 1912, in Chicago, Ill.

Rates and instructions will be mailed to the secretary of each affiliated association, as early as possible, also published in a later number of the JOURNAL.

The associations belonging to the American Nurses' Association are urged to give their careful attention to the matter of dues, and pay them in advance. We are depending on the associations to give us their hearty support in this matter.

#### DUES.

##### ARTICLE VIII.

SEC. 2. The minimum annual dues for any organization shall be five dollars.

SEC. 3. The annual dues of any State Association shall be ten dollars.

SEC. 4. Annual dues of any county or city organization, or one of a national character, consisting of more than fifty members, shall be ten dollars.

SEC. 5. Annual dues of alumnae associations shall be fifteen cents per capita.

SEC. 6. Annual dues of permanent members shall be two dollars.

SEC. 7. All dues shall be paid in advance NOT LATER than April 30.

AGNES G. DEANS, Secretary.

THE annual meeting of the stockholders of the AMERICAN JOURNAL OF NURSING COMPANY was held at the office of the Company, 52 East Thirty-fourth Street, New York City, on Thursday, January 18, 1912. In order that the Board of Directors may represent more fully the American Nurses' Association, the necessary legal steps were taken to increase the number of directors from five to seven. It also seemed desirable to the stockholders that the president of the American Nurses' Association should by right of her office be a member of the Board of Directors.

The following were elected directors for the coming year: Sarah E. Sly, Birmingham, Michigan; Isabel McIsaac, Benton Harbor, Michigan; Mary M. Riddle, Newton Lower Falls, Mass.; Georgia M. Nevins, Washington, D. C.; Genevieve Cooke, San Francisco, California; Annie W. Goodrich, Albany, New York; Jane A. Delano, Washington, D. C.

A meeting of the newly elected Board of Directors was held at the Park Avenue Hotel, January 19, 1912, at which the following officers were elected: president, Jane A. Delano; secretary, Isabel McIsaac; treasurer, Mary M. Riddle.

Respectfully submitted,

JANE A. DELANO, Acting Secretary.

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PROGRAMME FOR THE FIFTEENTH ANNUAL MEETING OF THE  
AMERICAN NURSES' ASSOCIATION

*Wednesday, June 5, 1912.* Morning: 9 A.M. to 10. Registration for those wishing to attend the Visiting Nurse Session. 10 A.M. to 12. Registration for all others. 10 A.M. to 12. Special session for visiting nurses, school nurses, tuberculosis nurses, rural nurses and social service workers. Presiding officer, Edna L. Foley, R.N., Chicago, Ill. Afternoon: 2 P.M. Address of welcome. Responses. Reports of officers, of standing committees, of the funds, of Red Cross work, and of the JOURNAL. Reports of delegates to conventions. President's address. Evening: 8 P.M. Special session on state registration, under the auspices of the Superintendents' Society and the American Nurses' Association. Presiding officer, Mary M. Riddle, R.N., Newton Lower Falls, Mass. (A question box will be a feature of this session. Questions may be sent at any time between now and June 1 to Miss Riddle.)

*Thursday, June 6, 9.30 A.M.* Reports of committees: Public Health, Alms-house, Care of the Insane. "Appeal of the Insane to the Nursing Profession," Julia C. Lathrop, Chicago, Ill. Discussion led by Helen C. Sinclair, Newberry, Mich. "Shall Attendants Be Trained and Registered?" Grace E. Allison, Cleveland, Ohio. Leader of discussion not yet secured. 11 A.M. to 12. Special session for private duty nurses. Presiding officer, Eleanor Eastman, R.N., Chicago, Ill. 11 A.M. to 12. Special session for mental nurses. Presiding officer, R. Helen Cleland, R.N., Providence, R. I. 2 P.M. "Teaching Sex Hygiene," Edith M. Hickey, Seattle, Wash. Discussion led by Mary L. Wyche, R.N., Durham, N. C. Reports of committees: District Nursing, Tuberculosis. "Tuberculosis," writer not yet secured. Discussion led by Nellie M. Casey, R.N., Frederick, Md.

*Friday, June 7, 9 A.M.:* "Obstetrical Nursing," Joseph B. DeLee, M.D. Discussion led by Charlotte W. Dana, Boston, Mass. "Responsibility of the State Associations in the Administration of their Registration Laws," Sophia F. Palmer, R.N. Discussion led by Louise Perrin, R.N., Denver, Col. "The Hospital Head Nurse," Bertha W. Allen, R.N., Newton Lower Falls, Mass. Discussion led by Annie Rece, Louisville, Ky. 11 A.M. to 12. Special session for head nurses, surgical nurses, and anaesthetists. Presiding officer, Beatrice Bowman, Philadelphia, Penna. 2 P.M. "Nursing in the South," Agnes C. Hartridge, North Augusta, S. C. Discussion led by Emma L. Wall, New Orleans, La. (Or a substitute.) "Nursing in the West," L. Eleanor Keeley, Kansas City, Mo. Leader of discussion not yet secured.

(The chairmen of special sessions will welcome suggestions from nurses interested. Letters may be sent to them in care of the JOURNAL office.)

REPORT OF ISABEL HAMPTON ROBB MEMORIAL FUND TO  
FEBRUARY 13, 1912

Previously acknowledged .....	\$8399.85
Amy M. Hilliard, New York, N. Y. (Sustaining Member) .....	10.00
Annie W. Goodrich, Albany, N. Y. (Sustaining Member) .....	10.00
Louise M. Powell, Minneapolis, Minn. (Sustaining Member) .....	25.00
Through Elizabeth Asseltine:	
Miss McGrath .....	.75
Miss Rotch .....	1.00



Miss Egan .....	\$1.00
Miss E. Hoey .....	2.00
Miss Asseltine .....	3.00
Alumnæ Association, New York Post Graduate Training School.....	100.00
Mrs. E. E. Koch, Chicago (Sustaining Member) .....	5.00
Rhode Island Hospital, Nurses' Alumnæ Association (Sustaining Member) .....	5.00
Alumnæ Association, Methodist Episcopal Hospital Training School for Nurses, Brooklyn, New York.....	50.00
Alumnæ Association, Bellevue Training School for Nurses, New York City (Sustaining Member) .....	25.00
St. Vincent's Hospital, Nurses' Alumnæ Association, New York City (Sustaining Member) .....	25.00
Mellicent B. Northway, Chicago, Ill. (Sustaining Member) .....	1.00
Pennsylvania Hospital, Nurses' Alumnæ Association, Philadelphia (Sustaining Member) .....	20.00
Illinois State Association Graduate Nurses (Sustaining Member).....	10.00
Orange Memorial Hospital, Nurses' Alumnæ Association, Orange, N. J. ....	25.00
Janet Gordon Grant, Scranton, Pennsylvania (Sustaining Member)....	10.00
Philadelphia General Hospital, Nurses' Alumnæ Association .....	25.00
German Hospital, Nurses' Alumnæ Association, New York City (Sustaining Member) .....	10.00
Buffalo General Hospital, Alumnæ Association (Sustaining Member) ..	5.00
Illinois Training School, through Miss E. V. Robinson, on account of entertainment for benefit of I. H. R. Fund.....	185.45
Boston City Hospital, Nurses' Alumnæ Association.....	25.00
<b>Total .....</b>	<b>\$8979.05</b>

All contributions should be sent to Mary M. Riddle, Treasurer, Newton Hospital, Newton Lower Falls, Massachusetts, and all drafts, money orders, etc., should be made payable to the Merchants' Loan & Trust Company, Chicago.

MARY M. RIDDLE, R.N., Treasurer.

#### ROBB MEMORIAL SCHOLARSHIP

At a recent meeting in New York, the Committee of the Isabel Hampton Robb Memorial Fund decided that two scholarships will be made available from the income of the fund for the year 1912-13. The first scholarship will be for a candidate desiring to prepare herself for teaching in training schools for nurses, the sum of \$200; the second for a candidate desiring to prepare herself for work as a public school nurse, the sum of \$200. The Committee further decided that since Teachers' College is at present the only place offering definite courses in preparation for work in either of these fields, the scholarships given this year will be awarded to candidates desiring to take these courses at the College. The general requirements are as follows:

Candidates for scholarships must present evidences of—(a) a suitable general education; (b) graduation from a general training school of approved standards; (c) of excellent standards of work, theoretical and practical; (d) of high personal character; (e) of registration if that is available in her state.

Applications for further information may be addressed to the secretary,

Miss G. M.  
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Miss G. M. Nevins, Garfield Hospital, Washington, or to the Chairman of the Committee on Scholarships, Miss M. A. Nutting, Teachers' College, Columbia University, New York, N. Y.

ADELAIDE NUTTING,

Chairman Sub-committee on Scholarships.

#### REPORT OF NURSES' RELIEF FUND, FEBRUARY 1, 1912

Previously acknowledged .....	\$838.90
Worcester City Hospital Alumnae Association.....	10.00
Adams Nervine Asylum, of Jamaica Plains, Mass.....	15.00
John N. Norton Memorial Infirmary, Louisville, Ky.....	25.00
Union Benevolent Association Hospital, Grand Rapids, Mich.....	10.00
Mrs. Grace Fay Schryver.....	10.00
Indiana State Nurses' Association.....	25.00
Mrs. M. S. Elliott.....	10.00
Boston and Massachusetts General Hospital Alumnae Association.....	50.00
Philadelphia Lying-in Charity Alumnae Association.....	25.00
Philadelphia Club for Graduate Nurses.....	25.00
Elizabeth Denning .....	5.00
Illinois Training School Alumnae Association.....	40.00
New York Hospital Alumnae Association.....	100.00
Roosevelt Hospital Alumnae Association .....	25.00
Interest on account .....	3.84

February 1, 1912. Balance..... \$1217.74

All contributions should be sent to Mrs. C. V. Twiss, Treasurer, 419 West 144th Street, New York, N. Y., and all checks made payable to the Farmers' Loan & Trust Company.

Address all inquiries to L. A. Giberson, R.N., Chairman, 3234 Powelton Ave., Philadelphia, Pa.

#### ARMY NURSE CORPS

My appointment as superintendent of the Army Nurse Corps came soon after my election as president of the American Nurses' Association in May, 1909, and I have felt a peculiar responsibility not only to the Surgeon-General, under whom I have the honor to serve, but to the nurses of the country as well. The Army and Navy need, both in time of peace and time of war, the finest women and the best nurses our country can produce. To no other class of women comes such an opportunity for patriotic service.

The Army Nurse Corps was organized soon after the close of the Spanish-American War and no finer tribute could have been paid to the good women who volunteered for service in the time of their country's need. The opposition on the part of many army officials to the employment of "female nurses" is ancient history and in marked contrast to the attitude of the present Surgeon-General and his staff who are most anxious to build up an efficient nursing personnel. Since my connection with the Army Nurse Corps no suggestions either for improvement in the general service or for the comfort and well-being of the nurses themselves have ever been ignored. Existing quarters for nurses have been enlarged and improved. New quarters have been built at Fort Bayard

and in connection with the Walter Reed General Hospital, Washington, D. C., which compare favorably with the nurses' homes connected with many of our best hospitals. The allowance for subsistence has been increased and is now paid directly to the chief nurses, who are thus able to provide excellent food of an acceptable character. Provision has also been made for the laundering of nurses' uniforms. By Act of Congress, March 23, 1910, a decided increase was made in the salaries both of chief nurses and nurses with a special increase for each period of three years' service. Members of the Corps have always been allowed thirty days' annual leave with pay, but the new law makes this cumulative, as in the case of officers. Nurses serving where quarters and subsistence are not furnished by the Government have an allowance of seventy-five cents a day for subsistence, and a lieutenant's allowance for quarters. Definite regulations have been made concerning the character of paid accommodations issued to nurses. In addition to the usual first class ticket they are entitled to a double berth in a sleeping car, or when travelling by day, a seat in a parlor car, and stateroom accommodations on steamers. A sum not to exceed \$4.50 a day is allowed for meals and incidentals.

On July 1, 1911, twenty-five additional nurses were allowed and have been assigned either permanently or temporarily to the following stations: Fort Sam Houston, San Antonio, Texas; Fort McPherson, Atlanta, Georgia; Walter Reed General Hospital, Washington, D. C.; Army and Navy General Hospital, Hot Springs, Arkansas; Attending Surgeons' Office, U. S. A., Washington, D. C. That the work of the Army Nurse Corps is appreciated is shown by the fact that requests have recently been received by the Surgeon-General for the permanent assignment of nurses to Army Hospitals at: Fort Schafter, Honolulu, H. I.; Fort Monroe, Virginia; West Point, New York; Corregidor Island, Philippines; Fort Leavenworth, Kansas; Fort Sam Houston, Texas. It is the desire of the Surgeon-General to ultimately have members of the Army Nurse Corps assigned to duty at all brigade posts.

The following are the changes in the Army Nurse Corps:

**Appointments.**—Elida E. Raffensperger, graduate of the Medico-Chirurgical Hospital, Philadelphia, Pa.; Alice Maud Ryan, graduate of the Protestant Episcopal Hospital, Philadelphia, Pa.; Nellie V. Close, graduate of St. Joseph's Hospital, Philadelphia, Pa.; Evangeline G. Bovard and Jane R. Moore, graduates of Oil City Hospital, Pa.; Frances Lennox and Edna H. Imboden, graduates of Schuylkill Hospital, Schuylkill, Pa., and post-graduates of Bellevue and Allied Hospitals, New York, N. Y.; Carrie M. Meyer, graduate of Medico-Chirurgical Hospital, Philadelphia, Pa.; Mabel Noyes, graduate of Croley Dickinson Hospital, Northampton, Mass., and Assistant Superintendent Addison Gilbert Hospital, Gloucester, Mass.; Mary K. Gooding, graduate of University of Pennsylvania Hospital, Assistant Superintendent Wesson Memorial Hospital, Springfield, Mass.; Annie R. Tucker, graduate of Virginia Hospital, Richmond, Va.; Ethel A. Page, graduate of Lawrence General Hospital, Lawrence, Mass.; Harriett M. Kuester, graduate of Phoenixville Hospital, Pa.; appointed and assigned to the Walter Reed General Hospital, Takoma Park, D. C.

**Re-appointment.**—Elizabeth McCormick, graduate of Colorado Hospital, re-appointed and assigned to duty at the Letterman General Hospital, Presidio of San Francisco, California.

**Transfers.**—From Walter Reed General Hospital, Takoma Park, D. C., to the Letterman General Hospital, San Francisco, Cal.; Jeanie Leeson, Paquita

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From Fort McPherson, Georgia, to Walter Reed General Hospital, Takoma Park, D. C.: Edith L. Richmond, Marian B. Nuckles, Rachel Foreman, Gertrude B. Buckner.

From Fort Sam Houston, Texas, to the Letterman General Hospital, Presidio of San Francisco, Cal.: Eleanor L. Bollman and Anna B. Cawley.

From Army General Hospital, Fort Bayard, N. M., to the Letterman General Hospital, San Francisco, Cal.: Mary E. Rebholz, and Elsie C. Dalton.

From Army and Navy General Hospital, Hot Springs, Ark., to the Letterman General Hospital, San Francisco, Cal., Lyda M. Keener.

From the Letterman General Hospital, San Francisco, to Fort Bayard, N. M.: Ethel M. Williamson, Margaret Hughes, Anna Reeves, Ida E. German.

From the Letterman General Hospital, San Francisco, to Walter Reed General Hospital, Takoma Park, D. C.: Helen Pickel.

From the Letterman General Hospital, San Francisco, Cal., to Philippines Division: Sarah M. Hepburn, Anna S. Herman, Bessie S. Bell, Mary E. Rebholz, Mary T. Egan, Jane T. Taylor, Edith G. Sigafosse and Minnie E. Kuehl.

From the Philippines Division to the Letterman General Hospital, San Francisco, Cal.: Pearl B. Beecher.

*Discharges.*—From Walter Reed General Hospital, Takoma Park, D. C.: Emma E. Habenicht and Bertha Varian.

From Letterman General Hospital, San Francisco, Cal.: Sarah T. Little, Josephine Riedy and Pearl B. Beecher.

JANE A. DELANO, R.N.,

Superintendent, Army Nurse Corps.

#### MASSACHUSETTS

THE MASSACHUSETTS BOARD OF REGISTRATION OF NURSES will hold a meeting for the examination of applicants, Tuesday, April 9, 1912, at 9 A.M.

EDWIN B. HARVEY,

Secretary.

THE MASSACHUSETTS STATE NURSES' ASSOCIATION held its semi-annual meeting at Hotel Kimball, Springfield, on January 16, the president, Miss M. E. P. Davis, in the chair. An enthusiastic audience of nearly three hundred, representing all the nearby towns and many of those at a distance—as Pittsfield, Worcester, Lowell and Boston, and some of the other states—Vermont and Rhode Island—showed that the nurses are awake and interested in the problems of the day.

After the invocation by the Rev. Augustus P. Reccord, a very cordial welcome was given by Jessie Catton to which Sara E. Parsons responded in her usual happy manner. The programme was as follows: Address: "Why Belong—Some of the Good Things Secured by the Organization of Nurses," Miss M. E. P. Davis; Report of Delegate to National Red Cross Meeting in Washington, Julia C. Mackin; Papers: "School Nursing," Annie I. Hollings and Sena S. Whipple; Address: "State Registration—What It Has Accomplished—What Remains to be Done," Mary M. Riddle. The report of the Legislative Committee was given by Miss Parsons, who read a copy of the bill which has been presented to the Legislature to provide for state inspection of training

schools for nurses in Massachusetts. Miss Parsons also read extracts from a bill to amend the law regulating the practice of dentistry so as to provide for the licensing of dental nurses. This bill has the support of a number of the leading dental societies. The endorsement of the Association was asked for, but because the time was limited, the question was referred to the Board of Councillors. An Educational Committee, to assist the State Board of Registration in Nursing, was appointed as follows: Charlotte M. Perry, Anna Hayes, Sara E. Parsons, Rebecca H. Cleland, Emma M. Nichols, and Miss M. E. P. Davis. After announcing that she had a poem to read, Miss Davis gave the following lines:

"A rose to the living is more  
Than sumptuous wreaths to the dead;  
In filling love's infinite store.  
A rose to the living is more,  
If graciously given before  
The hungry spirit is fled—  
A rose to the living is more  
Than sumptuous wreaths to the dead."

She then called on Jane F. Riley who, in behalf of the Association, read a glowing tribute to the recently retired officers: Mary M. Riddle, the first president, who had served for eight years; Elizabeth J. Tisdale, who had served as treasurer for six years; and Esther Dart, who has served as secretary for six years. Miss Riddle responded very pleasantly to this—saying she would like to give to each member the everlasting flower of success. Refreshments and a social hour completed a very pleasant and profitable meeting.

Previous to this meeting, the superintendents of training schools held a session in the same hotel, with Miss Parsons as chairman, who spoke of the desirability of superintendents conferring together as to ways and means of best educating their pupils to meet national requirements. Donna Burgar, of the Worcester Memorial Hospital, spoke of the desirability of local associations of training-school superintendents, Irene Mason gave a synopsis of the requirements of state board examiners as to schools and pupils who wish to register. She found that pupils who were to be qualified for state registration in any part of the country must graduate from schools connected with hospitals of not less than fifty-bed capacity, with an average of thirty patients; that give a three-year course; that have registered nurses for day and night superintendents with suitable graduate assistants; and that give practical and theoretical experience in general medical, surgical, children's and obstetrical nursing, also contagious work,—practical when possible, theoretical otherwise. Dietetics, materia medica, bacteriology, anatomy, physiology and hygiene must be taught. It is intended to have sectional meetings of various nurse specialists at the regular state meetings and to organize local societies of the superintendents of training-schools.

**Boston.**—THE MASSACHUSETTS GENERAL HOSPITAL TRAINING SCHOOL FOR NURSES held graduating exercises on the evening of January 18, for a class of twenty-two graduates, and twelve post-graduates. The address was given by Adelaide Nutting, R.N. The graduates were announced by Dr. James J. Minot. A reception followed.

LILLIAN REICHERT, supervisor of nurses, Boston City Hospital, South Department, has resigned her position there to take up factory welfare work.

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## CONNECTICUT

**Hartford.**—THE HARTFORD HOSPITAL TRAINING SCHOOL ALUMNÆ ASSOCIATION held its monthly meeting at Centre Church House on February 8, Miss McCormac presiding, who announced that so generous a gift had been made to the hospital by Mr. A. C. Dunham that the association would discontinue its annual gift. Miss Carroll then read an appeal for pledges to the Robb Memorial Fund, and it was voted to give \$10 annually for five years. One new member was admitted. It was decided to hold a banquet on the second Thursday in May, to celebrate the thirty-fifth anniversary of the founding of the school. Miss Goodman, a teacher in the Brown School, gave an illustrated talk on "Some Forms of Entertainment for Convalescent Children." The announcement was made that Miss Grohman would entertain the association at 29 Buckingham Street the second Thursday in March.

**Meriden.**—THE MERIDEN HOSPITAL ALUMNÆ ASSOCIATION was organized on January 5, and ten members were enrolled, these ten being local residents. Letters of invitation have been written to about twenty graduates residing out of town and ten have responded, to be enrolled at the next meeting in March. Rose G. Reed, superintendent of Meriden City Hospital and Training School, has been elected an honorary member. The officers elected are: President, Edith E. Hanson, R.N., class 1908; vice-president, Lula E. Carpenter, class 1909; secretary, Lucy P. Baumuller, class 1907; treasurer, Mary A. Rahaley, R.N., class 1901. At the February meeting it was decided to raise a fund to endow a room at the hospital for the alumnae members.

**New London.**—Through the munificence of the late Sebastian Lawrence, a general hospital of forty beds has been erected in this city in memory of his father, Jos. Lawrence. The structure is away from the business portion of the city; the grounds are spacious. The hospital is being equipped and will be opened in the early spring with Miss K. M. Prindiville, R.N., of South Framingham, Mass., a graduate of Rockford Training School, Rockford, Ill., as superintendent, and Irene Wilson, R.N., of the same school, as assistant.

## NEW YORK

THE NEW YORK STATE NURSES' ASSOCIATION has adopted a seal, the central point of which is occupied by a globe, representing the field of work and its cosmopolitan character, surmounted by an eagle, which stands for leadership; two figures at the sides are Hygiea, and the Lady of the Lamp. Beneath is the word *Excelsior*, the state motto, and encircling all, the name of the association.

**New York.**—THE NEW YORK COUNTY REGISTERED NURSES' ASSOCIATION held its adjourned meeting on February 7. As at the regular meeting, the delegates from alumnae associations and the individual members were in favor of affiliation with the national Young Women's Christian Association, and by voting in the affirmative promised moral support for the new Central Club to be erected, tentative plans for which are already drawn.

THE CENTRAL CLUB FOR NURSES held its annual meeting on January 24, at the club house. Mrs. Nathaniel B. Potter presided. Reports were given by the secretary, Miss Farquhar, and the registrar, Miss Dolliver. Miss Conde told of the plans for the new club house, which will provide 400 rooms, and the members were asked to send suggestions in writing as to a desirable site. Miss Catty, executive secretary of the National Board of the Y. W. C. A., made a short



address. After the election of officers, the new members of the Co-operative Committee being Mrs. Jack, of St. Luke's; Miss Lee, of Roosevelt; Miss Brownell, of New York City, and Miss Maxwell, of New York County, the meeting was adjourned and tea served. The field excursions from the club for March will include a visit to the New York State Reformatory for Women, at Bedford Hills, on the 6th, and a visit to the Jefferson Market Night Court, on the 20th. Members of St. Barnabas Guild will serve tea from 3 to 6 on Mondays during March. On the evenings of March 15, 22, and 29, R. W. Givinn, Esq., will give talks on Thrift, which will include suggestions for savings, small investments, advice on making of wills, means of obtaining legal redress, etc.

THE NEW YORK POST-GRADUATE MEDICAL SCHOOL AND HOSPITAL has many interesting features, from its ground, first, and mezzanine floors, devoted to the clinics, clinic operating rooms and dispensaries, their rooms being the most complete of their sort in any country, to the roof wards, twelve stories above the street. The larger operating rooms on the fifth floor, eight in all, are as perfectly equipped as can be asked for. A dressing room with baths and lockers adjoins the general surgery room, while each has its etherizing and scrubbing-up rooms, its own sterilizer mounted on porcelain standards, and a wheeled stand for students. There is a large general sterilizing plant on the same floor. A stretcher for each room is placed in the hall, and each has a saline heater and blanket warmer. There are general and special instrument rooms; many of the surgeons have donated their instruments to the hospital.

On the private corridor are many small rooms for patients of moderate means. Rubber sheet protectors are placed on bureaus and washstands, individual talcum and alcohol are in each, a portable telephone in the corridor can be brought into the room and attached at the bedside, doors are wide enough for the bed to be rolled through, and are in two sections for ventilation. A half-length door of slats makes a screen when the solid door is open. Wooden transoms exclude the hall light. The nurses' table and dressing carriage are in the corridor. A flash signal call for a nurse appears over the desk and over the patient's door and may only be extinguished at the bedside. Portable tubs are placed in small rooms fitted with faucets just over the tub and a drain beneath. A locker room is devoted to the special nurses—prism glass windows are an innovation. Aside from artificial ventilation, there are arrangements for direct ventilation, the windows being made in three sections, opposite them the transoms, and opposite these, windows opening onto a balcony. The balconies are large enough for the use of patients needing open-air treatment. A thermostat regulates the heat. Large centre lights with soft shades reflect the light upward, and there are drop lights for close work. At the head of each bed on the wall is an electric plate for attaching the electrocardiograph. Each doctor is given a number, and when one is needed a light is flashed in every ward, an indicator on the wall of the corridor showing the number of the man wanted. Folding bed and body cradles save storage space. The bedside table has its lower shelf with two sides open, has air space, a towel rack, and is easily inspected. Medicine closets have separate compartments for poisons in colored bottles. Each floor has its own marking tag which is placed on all utensils, so that a borrowed article may be placed. In each lavatory are cans of mustard, salt, flour, and linseed; 24-hour specimen closets; gray dusting basins; a bed pan sterilizer, in which both contents and pan are sterilized at the same time, but separately, and a bed-pan warmer, on which the pans are placed after

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sterilization. Other improvements are self-emptying sterilizers, and wire grating shelves in the drying closets. In the linen closet adjoining each ward is a folding table across the window space, where linen may be inspected and folded, but the table put down when not in use. Marking is simplified by a color scheme, blue for blankets, towels, etc., for wards for women, another for men, porch blankets of still another. Aside from the large general kitchen and that for the dietitian, each floor has its own, perfectly equipped. The garbage can opens by foot pressure. The milk can is attached to the door of the refrigerator, and by the opening of the door is brought out, so that spilling on the shelves is avoided. The refrigerating plant does away with the necessity for ice, except cracked ice for treatments, which is prepared away from the wards and placed in its own receptacle in the refrigerator. The sinks in these kitchens are in front of the windows, but the drainer at one side can be lifted to allow access to the window. There are separate kitchens for nurses with special patients. The diet kitchen is all that a dietitian could wish for.

Emergency outfits in replica of those on the various floors are kept in a closet on the executive floor for emergency use. These are arranged on trays: Outfits for gavage, infusion, hypodermoclysis, cupping, hypodermic, stimulation, saline or nutritive enema, and a scrubbing-up set with four solutions of four colors to distinguish them. The cupping tray has a receptacle of water in case of fire. Rubber rings and tubes, a croup kettle, an outfit for medical rounds (sounding cloth, towel, tongue depressor, new pencil, and a tape measure), and the Murphy irrigation apparatus, are always in readiness. Wards for men and women suffering from pellagra will be opened in the spring, a fund having been given for its study.

PUBLIC HEALTH LECTURES at the Academy of Medicine for March are: March 6, 8 P.M., a closed lecture for women, "What a Mother Should Tell Her Child," Dr. Mary Sutton Macy; "Instruction of College Students in Regard to Reproduction and Maternity," Dr. Elizabeth B. Thelberg; "Sex Hygiene in Relation to Eugenics," Dr. Isabelle D. Barbour. March 14, 3.30 P.M., "Inflammatory Conditions of the Eye," Dr. Edward S. Peck; "Eye Strain," Dr. Frank Van Fleet; "Catarrhal Conditions of the Ear," Dr. Grace G. P. Lankauer; March 20, 8 P.M., "Unfounded Beliefs in Insanity," Dr. M. Allen Starr; "Functional Disorders in Relation to Nervous Exhaustion," Dr. Rosalie S. Morton; "Over-Work and Fatigue," Dr. Edward L. Hunt. March 28, 3.30 P.M., "Causes and Results of Constipation," Dr. George G. Ward; "Care of the Health in the Menstrual Period and the Menopause," Dr. Angenette Perry; "Hygiene of Pregnancy," Dr. Edward B. Cragin.

THE MT. SINAI ALUMNÆ, at a meeting held on January 4, elected the following officers: President, Bertha Kruer; vice-president, Frieda L. Hartman; corresponding secretary, Elona Underwood; recording secretary, Emma Rogers; pension secretary, Edith Chapman; treasurer, Susie Shilliday; pension treasurer, J. Greenthal; directors, M. E. Lee, B. Horner, T. M. McNab, A. McEwan, A. H. Lees, S. Rafalowitz, S. Lindh, R. L. Johnson. During the year there have been four resignations and twenty-one new members, making a total membership of 256. Lillian Lent, class of 1908, has accepted the position of assistant in the Welfare Department of Bellevue Hospital.

ST. LUKE'S HOSPITAL held graduating exercises for the class of 1912, in the chapel, on January 9. The class is the largest to graduate from the school, having thirty-eight members. President Miller, of the Board of Managers,

presented the diplomas and made brief remarks, and an address was given by Rev. H. P. Nichols, D.D. A dance at the nurses' home followed the exercises.

**THE FLOWER HOSPITAL NURSES' ALUMNÆ ASSOCIATION** held its sixth annual meeting on January 16, with an attendance of ten, Elizabeth Alexander presiding. Officers elected were: President, Elizabeth Stoyale; vice-president, Helen Lippincott; secretary, Madolyn C. Kremer, 155 West 99th Street; corresponding secretary, E. Brimlow; treasurer, Elizabeth Sands. Miss Way and Mrs. Lorziaux were appointed a social committee to provide entertainment and refreshments at each meeting, one dollar being allowed from the treasury for the purpose. Miss Alexander made a short address in which she urged the members to subscribe to the *AMERICAN JOURNAL OF NURSING*. It was decided to accept the invitation of Miss Black, superintendent of the hospital, to hold the next meeting at her apartments. An interesting address was made by Miss Wildy, superintendent of the training school.

**Brooklyn.**—**THE KINGS COUNTY ASSOCIATION** held its annual meeting on February 6. The following officers were elected: President, E. V. Toupet, Long Island College Hospital; vice-president, Miss Whitley, Brooklyn Hospital; treasurer, Miss McDonald, St. Mary's Hospital; recording secretary, J. D. Richards, Methodist Episcopal Hospital; corresponding secretary, M. E. Robinson, Long Island College, 608 Fourth Avenue.

**THE KINGS COUNTY HOSPITAL ALUMNÆ ASSOCIATION** held its annual meeting on January 2, in the nurses' home. The following officers were elected: President, Margaret Brennan; vice-presidents, Annie Mack, Louise Walstrom; treasurer, Annie Colhimore; secretary, Katharine Read.

**THE BROOKLYN HOSPITAL TRAINING SCHOOL ALUMNÆ ASSOCIATION** held its annual meeting, February 6, and elected the following officers: President, Tamar Healy; vice-presidents, Margaret L. Sweeney, Letitia Clark; treasurer, Mary E. Holt; recording secretary, Mary Haldane; corresponding secretary, Isabel Grantham.

**Yorktown Heights.**—**ANNIE DAMER** has returned from England and has taken up rural district nursing in Westchester County. She visited many district nurses in both England and Ireland, while away, with the hope of gaining new light on the rural nursing problems. She is feeling much refreshed by her long rest.

**Albany.**—**FOUR ALBANY INSTITUTIONS** will receive within a short time sums of money bequeathed to them a few years ago by the late George W. Russell. It is estimated that there will be at least \$130,000 to be divided between the Albany Hospital, Homeopathic Hospital, Child's Hospital, and Home for Aged Men.

**Troy.**—**THE SAMARITAN HOSPITAL** nurses recently invited Dr. Rosalie S. Morton, of New York, to address them on "Venereal Diseases." Nurses from all the surrounding hospitals were asked to share the benefit, and a large audience greeted Dr. Morton who gave a most interesting and helpful lecture. Plans for the new Samaritan Hospital are now completed and promise a most attractive and commodious institution on the pavilion plan. Work will be commenced in the spring.

**Schenectady.**—**THE REGISTERED NURSES' CLUB** held a meeting on January 5, at the home of the president, Mrs. Whitmore. Annie Rhoades, of New York, who was present, gave the details of a paper on "High Calories Feeding in Typhoid Fever," written by Dr. Coleman, of New York. She also outlined the

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Central Registry work as carried on by nurses in other cities, and gave the club renewed aspirations for a club room in which to locate the Central Registry of Schenectady. The attendance was large and Miss Rhoades' suggestions were well received. At the February meeting, held at the home of Mrs. Lavery, on the 2d, Mrs. Duryee presided and read Dr. Downing's paper on "The Nurse Practice Act and Its Administration." Four new members were accepted. Committees were appointed for the dance to be given on April 11, for the benefit of the registry.

**Oswego.**—THE OSWEGO HOSPITAL ALUMNÆ ASSOCIATION held its first meeting at the hospital on January 19, for the purpose of forming an association. The following officers were elected: President, Angeline Lockwood; vice-president, Kathrine Bellinger; treasurer, Louise Schultz; secretary, Florence Brownell; executive board, Lena Earl, Grace Harkness, Mrs. Frank Gillam.

**Rochester.**—THE MONROE COUNTY REGISTERED NURSES' ASSOCIATION, at its January meeting, had a paper on the care of male patients in hotels, by Mrs. Tompkins; a discussion on modern care of typhoid patients by Miss Weber and Miss Smith; an explanation of caloric feeding by Miss Decker; and a description of the work done by the Infant Welfare Society, of Chicago, by Miss Phelan.

THE MONDAY CLUB, OF ROCHESTER, is an organization composed of paid philanthropic workers, who meet once a month at dinner, to discuss topics of common interest. Representative from all the various charitable enterprises of the city come together, among them several nurses, superintendents, school nurses, social service workers, the editors of the JOURNAL, etc.

PHOEBE WITMER, class of 1903, Rochester General Hospital, has accepted a position in St. Mary's Hospital, Rochester, Minn.

**Buffalo.**—THE HOMŒOPATHIC HOSPITAL has two new head nurses, Belle Harrow, one of its own graduates, and Katherine Harris, of the Massachusetts Homœopathic Hospital.

#### NEW JERSEY

**Plainfield.**—MUHLENBERG HOSPITAL is the object of a twelve-day campaign to raise \$90,000 for its benefit. The last item received by the JOURNAL before going to press, was that more than this amount had been pledged during the first week, and that \$125,000 was then the aim. The campaign secretary was Mr. W. A. Bowen, who conducted a similar campaign in Wheeling recently.

#### PENNSYLVANIA

**Philadelphia.**—THE PHILADELPHIA CLUB FOR GRADUATE NURSES has been providing the following interesting addresses for all nurses of the city: January 23, Charlotte Perkins, who is in charge of Municipal Nursing. She has as yet only eight nurses and wants forty. At present the work is confined to four districts and to children under two years of age. January 30, Margaret Lehman, superintendent of the Visiting Nurse Society, told of the work of her twenty-six nurses, who now cover every section of the city. February 6, Helen Glenn spoke of the social service work of the out-patient department of the University Hospital. These Tuesday afternoon addresses will be continued; they are always followed by a social hour. On January 26, Sophia F. Palmer spoke on the AMERICAN JOURNAL OF NURSING, the National Relief Fund, and the sliding scale. Her address gave the nurses much to think about, and it is hoped will bring good results.

THE SCHOOL COMMITTEE OF THE BOARD OF EDUCATION, instead of appointing thirty-five additional school nurses, as was recommended, decided to appoint fifteen; and instead of the salary of \$750, which is received by the nine nurses appointed under the old rules, it was made \$600, with an increase of \$30 a year until \$750 has been attained. No nurse was named whose average was less than 75. The highest was 96.

THE HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA NURSES ALUMNÆ ASSOCIATION gave a dance on February 7, for the benefit of the endowed room fund. It was well attended and the proceeds will add materially to the fund.

THE NURSES' ALUMNÆ ASSOCIATION OF THE WOMAN'S HOSPITAL, PHILADELPHIA, held its twenty-second annual meeting on January 17, in the Manager's Parlor of the hospital. Seventeen members were present, one who has been in Alaska nineteen years. The officers elected for 1912, are: President, Margaret M. Bratton; vice-presidents, Isabela B. Close, R.N., Helen S. Bixby, R.N., Emily S. Warren, R.N.; recording secretary, Nettie W. Guthery, R.N.; corresponding secretary, Sarah S. Entwisle; treasurer, Helen F. Greaney, R.N.

The finances are very satisfactory, with 170 active members and nine honorary members.

The endowed room was used 212 days by fourteen nurses. The association turned over \$191 to the club, being receipts from its table and cash contributions, at the recent bazaar. The association has, during the year, contributed to the Isabel Hampton Robb Memorial Fund, Nurses' Relief Fund, to the hospital, to the outdoor ward on the hospital roof, and sent flowers to a sick member. There have been twenty-five active and one honorary member admitted, with but one marriage reported, no resignation and no death. The death of a non-member was reported and resolutions framed, for one of the much-respected members of the class of 1883. The president, in her annual report, reviewed the past year, telling of the whereabouts of a few of our members. Miss LaRue is in Tripoli, Asia; Miss Hahn, in China; Miss Harper, superintendent of Chester Hospital; Miss McCormick, superintendent Eye and Ear, in Pittsburgh; Miss Turpin, at the same hospital; Miss Pettigill, Mont Alto; Miss Van Pelt, superintendent New City Hospital, Atlanta, Ga.; Miss Larney, superintendent, New City Hospital, Greenville, S. C.; Misses Hoffman and Rahe, assisting Miss Larney; Miss Sollenberger, superintendent, Children's Hospital, Augusta, Ga.; Mrs. Carvin, superintendent, Memorial Hospital, Asheville, N. C., and Miss Howell, operating-room nurse in the Minnequa Hospital, Pueblo, Col.

THE PHILADELPHIA GENERAL HOSPITAL ALUMNÆ ASSOCIATION held its regular meeting, February 5, in the Nurses' Home, with forty members present, Miss Lafferty, first vice-president, presiding. Mrs. Warmuth reported a gift of the "Deed" of a lot in the Woodlawn Cemetery, thus giving the members of the association the privilege of burying there whom they wish. Motion passed that a letter of thanks be sent Mr. Wilson. Secretary read a communication from the Robb Memorial Fund Committee, urging members to make a pledge to contribute annually for a certain number of consecutive years. Motion passed that this matter be held over until after the convention of the American Nurses' Association. Miss Lafferty spoke of the National Relief Fund. She made a strong plea to nurses to subscribe individually no matter how small their contribution might be. Mrs. Warmuth, chairman of the euchre committee, reported progress. Mary Lewis, treasurer of the New Home fund, reported a

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balance of \$2,114.29. Motion passed that a vote of thanks be tendered Mr. Samuel Laughlin, the retiring superintendent, for his services in having a light placed over the portrait of Miss Alice Fisher, in the Nurses' Home. Mrs. Rudolph Blankenberg addressed the meeting on "Women's Suffrage." She spoke of woman's sphere, her accomplishments and ability. Why she is man's equal and why she should vote. She urged women to work for the vote and civic righteousness. Mrs. Lawrence Lewis, Jr., spoke in behalf of the Equal Franchise Society. Her talk was very inspiring and was followed by the majority of those present adding their names to the list of membership. The speakers were enthusiastically applauded and given a rising vote of thanks by members and friends present. The next meeting will be held on the first Monday in March.

#### VIRGINIA

THE GRADUATE NURSES' ASSOCIATION OF VIRGINIA will hold its annual meeting in Lynchburg, March 12 and 13.

AGNES JOHNSTON EATON, Secretary.

**Richmond.**—THE MEMORIAL HOSPITAL SCHOOL FOR NURSES is now in charge of its new superintendent, A. Gertrude Breslin, of Louisville, Ky. She commenced her duties on January 1, succeeding Miss M. K. Smith, who has been superintendent for the past five years. Ida Jean Lucas, class of 1910, recently in charge of the Catawba Sanitarium for Tuberculosis, has accepted a position with the Board of Health. Elizabeth Roller, class of 1909, has been appointed assistant superintendent at the new St. Elizabeth Hospital, which has recently been opened.

#### LOUISIANA

**New Orleans.**—ISABEL McISAAC, inter-state secretary, visited the city from December 5 to 9, as a guest of the State Association, and while here delivered very interesting addresses to graduate nurses at Truro Infirmary, Charity Hospital, and to the pupil nurses of the city, in the amphitheatre of the Charity Hospital. All were well attended, and new enthusiasm was roused as to professional obligations and standards. During her short stay, Miss McIsaac made a number of friends who trust she may visit them again.

#### OHIO

**Cincinnati.**—THE CITY HOSPITAL has established a post-graduate course for training in contagious diseases, of six months' duration. In addition to the practical work, there will be lectures by nurses and physicians on bacteriology, diet, etc.

THE CINCINNATI HOSPITAL ALUMNÆ ASSOCIATION held its annual meeting on January 17, when the graduating class of seventeen was admitted in a body. A delightful banquet was served at the nurses' home. In addition to the money voted to the Robb Memorial Fund and the Visiting Nurse Association of the city, it was decided to subscribe for two copies of the AMERICAN JOURNAL OF NURSING to be placed in the home library for the pupil nurses.

THE JEWISH HOSPITAL ALUMNÆ ASSOCIATION held its regular meeting in the directors' room on February 2. There was a fair attendance to enjoy Miss F. Williams' excellent paper which was read after the business programme was completed. A committee was appointed to regulate the disbursements of the sick benefit fund.



## MICHIGAN

ISABEL McISAAC, inter-state secretary, came to northern Michigan early in January, stopping at the Soo, Newberry, Ishpeming, and Calumet. Her visit was a great treat to the northern nurses, very few of whom had before heard her. Owing to the very severe weather at that time the attendance was not as large as had been hoped for. At Calumet, where she was to speak to high school girls, her train was four hours later, and she was obliged to give her address without waiting for lunch. The students were aroused to an interest in the profession of nursing. In the evening she spoke to pupil nurses, who were well repaid for braving the terrible weather. That night she spent at Lake Linden, speaking to a group of high school girls the following morning. This is the way in which she has been travelling and speaking since the first of September.

## MINNESOTA

**Minneapolis.**—THE UNIVERSITY OF MINNESOTA DENTAL COLLEGE, on January 9, installed four new nurses: Laura Masters, St. Barnabas Hospital; Gudine Grenager, Caroline Ludewan, and Jennie Higginbotham, City Hospital.

## ILLINOIS

THE ILLINOIS STATE BOARD OF EXAMINERS OF REGISTERED NURSES has placed the following schools on its accredited list, to date: *Chicago, 3 Years*—Children's Memorial, Englewood, Illinois Training School, Mercy, Polyclinic, Presbyterian, St. Luke's, Wesley, Passavant, Provident, Ravenswood, Augustana, University, St. Bernards, Chicago Union, North Chicago, Michael Reese, Streeter, Washington Park, Lakeside, Swedish Covenant, West Side.

*Evanston, Evanston; Ottawica, Ryburn; Galesburg, Galesburg City; Quincy, Blessing; Champaign, Burnham; Normal, Brokaw; Jacksonville, Passavant; Rock Island, St. Anthony's; Moline, Moline Public; Waukegan, McAlister; Kewanee, St. Francis; Rockford, Rockford City; Aurora, Aurora; Elgin, Sherman.*

*Special—Accredited with 3 Months—Chicago Lying-in.*

*Accredited with 2 Years—Anna State Hospital, Watertown State Hospital, Elgin State Hospital, Peoria State Hospital, Kankakee State Hospital.*

## EXAMINATION QUESTIONS, JANUARY 11 AND 12

## HYGIENE (Rating on 5 out of 7 questions)

1. What points would you consider when investigating the surroundings, regarding sanitary conditions, if sent into the country to care for a typhoid case? 2. (a) Name the direct causes of disease. (b) Name the indirect or predisposing causes of disease. 3. What are the duties of a nurse when caring for a case of tuberculosis? 4. Why has the public drinking cup and the roller towel found a place in legislative acts? Can you name two other common practices which may also be censured? 5. Disinfectants are divided into three classes: light, heat, chemicals. Discuss light as a disinfectant; discuss the value of two (2) chemical disinfectants. 6. What general points would you consider essential to enforce from the time of placing a patient in quarantine until the same was raised. 7. Food is often preserved by chemicals. Name two of the most commonly used chemicals, which are harmless. Name two other chemicals used in preservation of food, which if used constantly may be harmful.

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## MEDICAL NURSING (Rating on 5 out of 7 questions)

1. State methods and precautions in giving: (a) Baths for diaphoretic purposes. (b) Baths for sedative effect. 2. What complications are liable to occur in: (1) Typhoid fever; (2) Pneumonia; (3) Diabetes. 3. With each point, in answer to the above questions, state specific nursing precautions to be emphasized for the purpose of prevention or care. 4. State method and precautions in giving: (1) Continuous saline enema. (2) Nutritive enema. 5. State points to be observed in the nursing care of a patient having acute nephritis. 6. (a) Give at least four general rules to be observed in the nursing care of nervous patients. (b) Give points in nursing care in a case of epilepsy. 7. What is the Brandt bath? What is its purpose, advantages, and what are the special precautions necessary in giving the same?

## GYNÆCOLOGICAL NURSING (Rating on 5 out of 7 questions)

1. What are the usual methods pursued for the examination of a patient, suffering from gynæcological diseases? 2. What preparation of patient is necessary for such an examination? 3. (a) Describe the uterus. (b) Give function of the ovaries; of the fallopian tubes. 4. (a) What are the indications for the vaginal douche in the treatment of gynæcological disorders? (b) What are the important points to be observed in the giving of douches? 5. Following an abdominal operation, what are the symptoms, local and general, of infection? 6. In addition to symptoms of infection, what other unfavorable symptoms would you note and report, following an abdominal operation? 7. Give some nursing measures: (a) To induce urination. (b) For relief of vomiting.

## ANATOMY AND PHYSIOLOGY (Rating on 5 out of 7 questions)

1. (a) How are bones classified? (b) Describe a long bone. 2. Describe: (a) Plurva; (b) Diaphragm. 3. (a) What are the causes of body heat? (b) In what way may the heat of the body be normally regulated? (c) In what ways may the heat of the body be partially regulated by artificial means? 4. (a) In the circulation of the blood, to what is the pulse beat due? (b) Why is there no pulse beat in the capillaries and veins? 5. (a) Describe the periosteum. (b) What is its function? 6. (a) Where are the intercostal muscles located? (b) What and where is the colon? 7. Name the organs of circulation. Describe the heart.

## ETHICS (Rating on all 5 questions)

1. A nurse is sent out into the country to care for a case of acute rheumatic fever. Give your opinion regarding the right of the nurse to give cathartic or enema, when the doctor is not visiting the patient oftener than once in three or four days, and there is no other means of communication with him.

2. A nurse is on a case where patient and relatives become dissatisfied with the physician in charge and decide to employ another. What is the nurse's duty in the case toward the patient, the relatives, the doctor, and herself?

3. A nurse is called to care for a patient who is to undergo a "minor operation," which she learns, after the operation, is criminal abortion. What is her duty in such a case, to the patient and to the doctor?

4. Give two rules bearing on the relation of the nurse to her profession;

two rules bearing on her relation to her school; two rules bearing on her relation to the individual nurse.

5. State briefly what you consider the duty of a nurse as regards the social evil: (a) In her relation to the public generally. (b) In her relation with a patient where either of the specific diseases exist.

#### CONTAGIOUS NURSING (Rating on 5 out of 6 questions)

1. What is a contagious disease? 2. Name four contagious diseases, characterized by an eruption. 3. Outline the nursing care of a case of diphtheria. 4. Name four complications of scarlet fever. 5. What is meant by acquired immunity? 6. (a) How is diphtheria antitoxin obtained? (b) What is the usual prophylactic dose of antitoxin for a child of eight years?

#### CHILDREN'S NURSING (Rating on 5 out of 6 questions)

1. Outline the nursing care of a premature infant under the following headings: (a) Feeding. (b) Bathing. (c) Clothing. 2. It is stated that 50 per cent. of the children born, die before they are two years of age. Name four measures which may be encouraged to reduce this large per cent. of infant mortality. 3. An order has been given for the application of ice-cold to the right eye of an infant, to be kept on continuously. Tell in full, your preparation and how you would give the treatment. 4. What instructions would you give the mother of an infant, which has just recovered from enteritis, in regard to the care and feeding? 5. How would you prepare and give a hot mustard bath to a child of eighteen months of age? 6. Give some of the causes of infantile vomiting due to improper nursing care.

(To be continued)

**Chicago.**—THE CHILDREN'S MEMORIAL HOSPITAL TRAINING SCHOOL held graduating exercises for a class of eight on the evening of January 4, in the chapel of McCormick Theological Seminary. This is the first class to graduate from the recently established school of the enlarged hospital. Dr. James G. K. McClure, president of McCormick Seminary, gave the invocation and an address, Dr. Samuel J. Walker presented the diplomas, and Miss Martha Wilson, of the Auxiliary Board, the pins. The hospital has tripled its capacity since its enlargement in 1908, and arrangements for further building will give accommodation for two hundred children. The pupil nurses have excellent affiliation training which gives them a complete course in general nursing. One of this year's class, Lucile Knight, is to be head nurse of the new children's ward of the Presbyterian Hospital; Elsie L. Burks, of St. Luke's, New York, is superintendent of nurses.

THE BOARD OF MANAGERS OF THE ILLINOIS TRAINING SCHOOL gave a reception on January 27, for the retiring superintendent of the school, Miss Hay, and for the new superintendent, Mrs. Simpson. Not only graduates of the school, but representatives of all the nursing interests of the city were present. The Alumnae Association of the school, at its meeting on January 4, discussed "Present Necessities and Opportunities in Institutional Work," with papers by Grace E. Baker, Cedar Rapids, Iowa; Isabelle Stewart, Teachers' College, New York; and Mathild Krueger, Detroit. Sarah Warwick, for many years night superintendent at the County Hospital, has resigned that position to accept

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that of supervisor in the Detention Hospital. Lena Gripp, class of 1909, is night superintendent.

ST. LUKE'S ALUMNÆ ASSOCIATION, at its recent annual meeting, elected the following officers: President, Harriet Fulmer; vice-presidents, Mrs. L. L. Gregory, Eleanor Eastman; secretary, Eva Mack, St. Luke's Hospital; treasurer, M. E. Johnstone.

THE ANNIE W. DURAND HOSPITAL for contagious diseases is being built, a site having been secured after long contention. It will be opened next autumn with accommodation for forty-five patients. The Memorial Institute for Infectious Diseases endowed by Mr. and Mrs. Harold F. McCormick will help in its establishment and maintenance.

THE "PULMOTER," a new mechanical device for promoting artificial respiration, has been made use of recently to prolong life in a dying person and to restore patients asphyxiated by gas. It is a combination of a vacuum cleaner, an electrically operated valve, and a tube which is inserted in the patient's windpipe. Dr. Richter and Dr. Besley, of the Northwestern University, have been the experimenters, and the possibilities of the invention cannot as yet be foreseen. A fuller account of its use will be given later.

#### INDIANA

THE MARION COUNTY GRADUATE NURSES' ASSOCIATION, at its annual meeting, elected the following officers: President, Ella Hand, R.N.; vice-presidents, Mrs. Peter Bryce; Jeannette Miller, R.N.; secretary, Annabelle Petersen, R.N.; treasurer, Edith Baynes, R.N.; directors, J. F. Martin, R.N., M. F. Perrill, R.N., Nell Jaquith, R.N., Mary Meyers, R.N. At the last meeting of the association, February 14, Dr. B. Erdman, assistant professor of Dermatology and Syphilology in Indiana University School of Medicine, gave a most interesting lecture on "Salvarsan."

THE INDIANAPOLIS CITY HOSPITAL ALUMNÆ ASSOCIATION held its annual meeting in the Training School and elected the following officers for the ensuing year: President, Mae D. Currie, R.N.; vice-president, S. E. Earnest, R.N.; secretary-treasurer, Mrs. M. Ivy, R.N.

THE PROTESTANT DEACONESS HOSPITAL AND TRAINING SCHOOL has recently undergone a change of executive officers. Dr. A. L. Marshall is superintendent of the hospital and Frances Marsh, graduate of Cincinnati General Hospital, is superintendent of the training school. Nester Rhinehart is supervisor of surgery and Mrs. Nellie Witte is night supervisor. The management expects to increase the corps of nurses to sixty or sixty-five pupils.

RHEA FEATHERSTONE, R.N., graduate of the Methodist Episcopal Hospital, class of 1911, is taking a course in medical gymnastics in the Posse Gymnasium, Boston, Mass.

#### NEBRASKA

THE NEBRASKA STATE ASSOCIATION OF GRADUATE NURSES held its annual meeting on February 9 and 10 in Lincoln, at the University Temple. Miss McIsaac was the guest of honor and spoke earnestly on all the vital problems before the nurses to-day. A special conference of superintendents of schools was held for the purpose of discussing improvement in training, raising the standard of education, and increasing the number of affiliations between schools. Central directories have been established in Lincoln and Omaha during the year. \$872.80 are in the treasury as a result of selling Red Cross seals. The vacancy

on the examining board caused by the resignation of Nancy L. Dorsey has been filled by the appointment of Miss Stewart, of Clarkson Hospital, Omaha.

**Lincoln.**—THE STATE HOSPITAL TRAINING SCHOOL held graduating exercises on January 1. Three nurses received diplomas and assented to the Nightingale Pledge. All have passed the state examination and begin their work as registered nurses. A reception and dance followed the exercises.

THE CENTRAL DIRECTORY, under the control of the state association, has as registrar, Mrs. Martha McD. Taylor; president, Lillian B. Stuff; secretary, Lulu Abbott. The registration fee is \$12, payable every three months in advance. Miss Hummer has accepted the position of dietitian at the Dr. Benjamin F. Bailey Sanatorium.

#### MISSOURI

**Springfield.**—THE SPRINGFIELD ASSOCIATION OF GRADUATE NURSES has recently been organized with the following officers: President, Elizabeth Tooker, Springfield Hospital; vice-president, Mary Yanders, Burge Deaconess Hospital; corresponding secretary, Lillian Gott; recording secretary, Pearl Wilson; treasurer, Ella Roberts. Members of executive board, Sabina Brady, Miss Pope. Meetings will be held the third Wednesday of each month.

#### OKLAHOMA

THE OKLAHOMA STATE BOARD FOR EXAMINATION AND REGISTRATION OF NURSES held a meeting on October 16 and 17, at Oklahoma City. Governor Cruce has re-appointed Mabel Garrison and Olive Salmon. Esther Young was appointed in place of Margaret H. Walters. Mrs. Marjorie Morrison is president and inspector; Mabel Garrison, secretary and treasurer.

A COMMITTEE OF THE STATE ASSOCIATION has drawn up a resolution indorsing the public health bill and pledging the support of the association.

#### OREGON

THE OREGON GRADUATE NURSES' ASSOCIATION has elected the following officers for 1912: President, Eleanor Donaldson, Portland; corresponding secretary, Margaret Tandy, 820 Corbett Building, Portland; treasurer, Alma Whitney, Portland.

#### WASHINGTON

THE WASHINGTON STATE BOARD OF EXAMINERS OF NURSES will hold its next annual meeting in Bellingham, the first part of June, 1912. Applications for state registration may be obtained from the secretary of the board and must be filed with the secretary before May 20, 1912, accompanied by the preliminary requirements. The personnel of the board is as follows: President, Mary P. Hawley, Seattle; secretary and treasurer, Anna T. Phillips, 1215 South Seventh Street, Tacoma; Helen K. Lester, Spokane; Mayme E. Barry, Walla Walla; Ella A. Wilkinson, Bellingham.

**Tacoma.**—PIERCE COUNTY GRADUATE NURSE ASSOCIATION held the regular monthly meeting on February 5, with a good attendance of members, and a few visitors present. After routine business, two applications for membership were accepted. Mrs. E. B. Cummings was elected delegate, to represent Pierce County in the National Convention to be held in Chicago in June. Miss A. T. Phillips, delegate to the Woman's Good Roads Congress, held on January 24, 25, and 26, in Tacoma, gave a report of the meetings: the question of good

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roads interests the members not only as voters, but as nurses also. Mrs. E. B. Cummings gave a short report on pure foods, but will give a more complete account at the next meeting; in the meantime there will be a large Pure Food Exposition held in the city. An excellent paper on Patent Medicines was given by Dr. E. W. Janes, who called attention to a large number of patent medicines in common use. As it was late, there was no action taken on the letter in regard to the Isabel Hampton Robb Memorial Fund. Adjourned to meet March 4.

#### CANADA

**Toronto.**—LINA L. ROGERS, superintendent of school nurses, reports that 6 more nurses have just been added to her staff, making 25 in all. No other city to her knowledge has 18 medical inspectors and 25 nurses for 45,000 children. It is hoped that next year there may be 36 nurses, two for each inspector.

THE TORONTO GRADUATE NURSES' CLUB has received from Mr. John Ross Robertson a commodious house to be used as a club.

#### THE PHILIPPINE ISLANDS

**Manila.**—DR. WILEY E. WOODBURY, late assistant superintendent of the Ionia, Michigan, Hospital, has entered upon his duties as superintendent of the Philippine General Hospital, succeeding Newton C. Comfort, of the Marine Hospital Service, who has been superintendent since the opening of the hospital in 1910. Pearlitta Clark, nurse at the Philippine General Hospital, has been appointed superintendent of the new hospital opened at Bontoc, the home of the Bontoc Igorrotes. Esther M. Paschall, late of New Orleans, has been appointed chief nurse of the Civil Hospital at Baguio, the summer capital.

#### BIRTHS

ON December 9, at Richmond, Va., a son to Mr. and Mrs. Charles W. Eaton. Mrs. Eaton was Agnes B. Johnston, class of 1900, Virginia Hospital.

ON December 23, a son to Mrs. Enge. Mrs. Enge was Miss Blanchard, graduate of St. Luke's Hospital, New York.

#### MARRIAGES

ON January 20, Chicago, Irma C. Sears, R.N., of Hyannis, Nebraska, to C. A. Arnold, M.D., of Chicago.

ON January 24, at Omaha, Laura B. Mayes, R.N., of Lincoln, to J. S. Diller, of Diller, Nebraska.

ON January 16, at Elkhart, Indiana, Gertrude Pope, formerly dietitian at Dr. Bailey's Sanatorium, Lincoln, Nebraska, to George J. Goodsheller, M.D., of Marion, Kansas.

ON January 24, at Union Congregational Church, Boston, Mary Katherine McCollom, class of 1907, Boston City Hospital, to Frederick Hinchliffe, M.D. Dr. and Mrs. Hinchliffe will live in Cohasset, Mass.

ON January 10, at Saginaw, Michigan, Ida Elizabeth Proctor, superintendent of the Saginaw General Hospital, to Charles D. Thompson. Mr. and Mrs. Thompson will live in Bad Axe, Michigan.

ON December 28, Emogene Miller, class of 1909, Rochester General Hospital, to Burton Munger. Mr. and Mrs. Munger will live in Byron, N. Y.

ON November 13, Charlotte Schmidt, class of 1909, City Hospital Training School, Minneapolis, to Charles W. Van Horn. Mr. and Mrs. Van Horn will live in Vallejo, California.



ON December 31, Hilda A. Rustad, class of 1909, City Hospital Training School, Minneapolis, to Marvin R. Olson. Mr. and Mrs. Olson will live in Dwight, North Dakota.

ON October 28, at Oklahoma City, Isabel Josephine Wenzel, to E. E. Buckholts. Mr. and Mrs. Buckholts will live in Oklahoma City.

ON October 3, Bertha Weilman, graduate of Dr. Axtell's Sanitarium, Newton, Kansas, to E. B. Brewer. Mr. and Mrs. Brewer will live in Peabody, Kansas.

ON December 27, Mahala C. Allen, class of 1909, Mt. Sinai Hospital, to Thomas S. Masson. Mr. and Mrs. Masson will live in Toronto.

ON October 30, Margaret Yoakam, class of 1911, Indianapolis City Hospital, to J. E. Talbott, M.D. Dr. and Mrs. Talbott will live in Linton, Indiana.

ON January 20, Zula Burris, class of 1909, Indianapolis City Hospital, to Ray E. Wolford. Mr. and Mrs. Wolford will live in Linton, Indiana.

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#### DEATHS

ON December 18, at her father's home, Fergus, Ontario, of pulmonary tuberculosis, Harriet May Richardson, class of 1904, Rochester General Hospital. Miss Richardson had done private nursing in and near Rochester, but had been ill for about a year.

ON February 2, at Orizaba, Mexico, Mary Olive Purves, sometime nurse in the United States Army Nurse Corps, where she saw active service both at Pekin and in the Philippines. Later she was on the nursing staff of the American Hospital, Mexico.

*Nurses' Journal of the Pacific Coast*, please copy.

ON August 26, Rochester, Harriet M. Greene, class of 1897, Rochester General Hospital. Miss Greene died from a complication of diseases. She had travelled for some time in hope of relief.

ON January 18, at the Presbyterian Hospital, Chicago, Hope Hatch, class of 1896, Illinois Training School. Miss Hatch had been on duty until a week before her death. She was a loyal and excellent nurse who will be missed by all who knew her.

ON January 10, in Bethlehem, Pa., Minnie Agnes Ernst, class of 1886, St. Luke's Hospital, South Bethlehem. Miss Ernst followed her profession for fifteen years, and gained a reputation for zeal and devotion to her calling. Tuberculosis, eleven years ago, made her virtually an invalid, but she fought long and bravely; her rest was longed for and well-earned. All who knew her loved her.

ON December 28, in Indianapolis, at the home of her sister, Daisy Robinson, R.N., class of 1908, Aultman Hospital, Canton, Ohio. Miss Robinson was an active member of the state and county societies and of the central directory. She was a nurse of great ability and much loved.

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## BOOK REVIEWS



IN CHARGE OF

M. E. CAMERON, R.N.

THE CORNER OF HARLEY STREET. Being Some Familiar Correspondence of Peter Harding, M.D. Houghton Mifflin Company, New York and Boston.

This book, which appears anonymously, is much in the style of the "Confessio Medici," which delighted its readers some two years ago. The present volume presented as a series of letters written by a London practitioner to others of his own profession—to old school and college friends, to his cousin, his sister, his aunt, and his own children, shows the many-sided character one may develop while apparently shackled and manacled by a tyrannous profession.

Nothing could be more delightful than the glimpses one gets of the writer as he puts himself in the place of his older son, who is making up his mind as to a vocation; of his younger son who has been through the rather tremendous experience of a religious revival; of a daughter who is choosing a husband; of a younger daughter who is at the "Henty" age and still goes wading with her clothes round her waist, and sleeps with the photograph of her *matinée* idol under her pillow—an idol, alas, who turns out to be married, middle-aged and fat! The letters to a sister who minds little girls in an orphanage seem to recognize in her a part of himself, as he meanders on through speculation or reflection, absolutely sure that she will understand, probably work out the problem for him. To his aunt, Miss Josephine Summers, he writes with a gentle irony which one is certain the dear old lady never discovers—and so she continually adds to her own importance by quoting her dear nephew in Harley Street who sanctions the wearing of a ring for rheumatism and gravely advises concerning the respective values of soured milk and patent pills. To the proprietor of a popular journal he writes protesting against the tendency of the press to cater to the lowest and most brutal in the reading public. To a clergyman cousin he points out the inadequacy of the church, as it exists, to reach the masses—"I have been watching them all the morning plying their oars upon the Thames—

strong and ruddy keen-faced artisans from Reading, actresses from town, barristers, doctors, men of leisure and men of affairs, and now as I write they are plying still, while across the fields comes the ineffectual call of the various ecclesiastical bells. By some they are not even heard. To others they are just decorative in the region of river sounds as the loose strife and charlock in that of its color." But our M.D. is the gentlest of critics and though he deplores the ever-widening distance between the church and the people, we find him later writing hopefully to this same cousin with the intent to heal the wounds he may have made. In one of the letters to his sister he describes a pilgrimage to Lourdes, which he attended in his medical capacity. The outsiders' point of view is his, of course, yet there is little that escapes him and his description is one of the best chapters in the book.

In nearly all the letters his wife appears as the wise mentor who points out just the small and detached fact that is in every instance necessary to complete the subject under consideration. One is convinced that Peter Hardy would be but a left-handed and generally all-round-poor thing if his wife were not by to keep him up to the mark.

**ELEMENTARY MATERIA MEDICA FOR PUPIL NURSES.** By F. W. Scott, Jr., Ph.G., Instructor in *Materia Medica*, Long Island State Hospital Training School for Nurses, Brooklyn, N. Y. Price, \$1. Published and sold by the author.

This book in its first edition was reviewed in these pages a year ago. It has apparently met with appreciation, since its second edition appears after so short a time. The present volume, retaining its early form and the same arrangement, has been added to in several departments with a view to making the book available as a ready reference for those in active practice as well as fill its place as a hand-book for teachers and pupils for whom it was originally written. The new matter includes equivalents for apothecaries' tables in the metric system; table for preparing carbolic solutions; emetics and their preparation; poisons and antidotes, etc.

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## EDITOR'S MISCELLANY



### PRACTICAL EUGENICS

By JOHN N. HURTY, M.D.  
Indianapolis

*(Continued from page 453)*

I REMEMBER hearing in boyhood a lecture upon education in which the speaker eloquently contended that universal education would improve the race, would decrease crime and increase morality. No one controverted him, and I think all present accepted the dictum in full. But what havoc has been made of this theory by experience. Then we did not know that acquired characters were not transmitted, and in our darkness believed education would prove a cure-all for the ills of society. Now we know that natural characters only, the good and bad, are transmitted, and that education and training, no matter how extensive and thorough, have not the least effect upon germplasm to modify its power to transmit other than innate characters.

I was at Asheville one time and visited Vanderbilt's farm. On that farm they produce all kinds of high grade stock. They do it by practical breeding. When I got to the dog kennels there were a number of beautiful collies that seemed to be able to understand everything that was said to them. They came up and looked at me and I turned to the man in charge and asked him if they ever had any vicious animals, and he answered, "Do you suppose we are so foolish as to breed from vicious stock? A vicious dog is a defective dog." We have not yet arrived at the point where we have the "gumption" not to have defectives. Defectives ought not to exist. Their existence is a reproach to us. We have not come to that higher intelligence that should control the peopling of the world.

What is it to be practical? In public health work I have been told that this or that man is not practical, and that this or that thing is not practical. When you ask these critics what it is to be practical, they do not know. In reading, I ran across a story where Tyndall told what it is, and that was his story: "I will illustrate to you what I think is meant by being practical. Volta invented the Voltaic battery. Now," he said, "I have read and learned that Volta was an odd man; he did not take care of his family. He was all the time making experiments,

and experimented a great deal in metals. One time he had gone off into the woods, and he came back with some frogs. While he was at the sink, dressing them, he noticed that when they touched a projecting nail which was driven through the zinc they jerked. He knew there must be a cause, and so he figured it out very speedily that it was an electric current. From this was born the Voltaic battery. We all know its usefulness and the practical benefits derived from it. Now," says Tyndall, "I can imagine some unthinking person asking, 'But what are its practical uses?' and Volta would have but one answer to give, and that would be, 'It is enough for me to have discovered this great truth of Almighty God.' And if man has the gumption" (that was the word Tyndall used) "to apply it, then it is practical, otherwise it is not." So this is what it is,—to be practical.

When we would take this great science of eugenics and practically apply it, put it into use, we have to fight against the false sense of modesty that prevails, for it is not true modesty that prevents us from talking about and doing the most important matters in the world. When we analyze it, it is found to be simply prudery, and it cannot be anything else. It has recently been said that hygiene, which surely includes eugenics, can prevent more crime than any law, and it is true. It knows how, and if we have the "gumption" to practically apply eugenics, we can do much toward preventing crime; but there is no amount of moral teaching or general education that will stop it. I told you about a young man who acquired a good education and broke down immediately after his graduation from college, and was sent to an insane asylum. What was the use of bearing the expense of educating that young man? He cost the state of Indiana \$3,000. He cost his parents a great deal of money. In college, and all through life, he had done strange acts—one time he tried to set fire to a house—and still he could take an education, and did, and stood well in his classes. Yet the stigma was in him and sticking out all the time, and he should never have been born. Defective people curse the day they were born, and this man cursed his parents. Almost every man you find with an hereditary infirmity curses the day of his birth. I thoroughly believe that nine out of ten of those who have inherited infirmities would rather be dead than alive.

I have one more story to tell. Go with me in imagination to a certain orphan asylum in Indiana. I went there with skilled assistants to examine all of the inmates. This story is in regard to four of them. We found there two girls and two boys who were all under twelve years of age and all of the same parentage; they all had hereditary

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syphilis and were a miserable lot. The attending physician was trying with medicine to suppress the horrible disease. The children all bore the marks of feeble-mindedness. In our Christian charity and patience, we are conserving these deviates. The state will bring those children on to maturity, to adult life and what will happen? They are already feeble-minded, they will land in an insane asylum, a school for feeble-minded, or a prison. Worse than that, they will probably send their kind down the line and so society must build more insane asylums, more idiot asylums, and more prisons. At this period these deviates should be sterilized. It is a simple process. They are unfit to be parents, and if they do have children, the latter will curse the day they were born. And so it is not humanity, it is not Christianity, it is not good government to permit these children to become parents. How in the world could they be the progenitors of healthy children? Their father and mother were both imbeciles, and both reeking with this horrible disease. They lived in a shanty with a dirt floor, not being capable of rising above such a place. They were the parents of eleven children, five of whom survived and six died. Nature tried to get them out of the way, but Indiana is doing all she can to save them. Under the present government, that couple was allowed to steal for a livelihood and to produce more like them. These four children were found, and the truant officer tried to force them into school, but it was discovered they were feeble-minded, and diseased, and so the commissioners, at the expense of the tax payers, got an orphan asylum to accept these children—to preserve them to reproduce their kind. I cannot discover the humanity in it. It is not human, it is inhuman to do that; it is not good Christianity; it is not good science or good government; it is not being practical.

We recognize two ways already quoted from Galton, differing widely from each other, in which race improvement may take place. The first is the biological progress of evolution which from generation to generation brings changes into the intrinsic character of men. The second is social progress, which is to a large degree independent of individuals and is a change in what men "have, know, and do." Little intrinsic gain is observable by comparing the highest and best tribal stocks of the present day with those of two or even three thousand years ago, but we are astounded when we observe the social gain. Civilization, in the sense of increase in the bounties of life and in scientific knowledge, goes onward by leaps and bounds, and this is to be expected when we observe the marked power of man to acquire, and to pass onward what he acquires. However, in comparing our statesmen, philosophers, and artists



with those of ancient Greece and Rome, we observe no marked advancement except perhaps in practical altruism. In biological evolution, heredity constantly interferes on the side opposed to change. Eugenics involves the question: Is it possible to secure to the generations unborn an innate physical, moral, and mental nature, superior to preceding generations? This question is to be answered through the study of the life factors controlling not animal evolution only, but human evolution. For, while physical evolution of the lower animals is easily controlled by breeding, and their mental evolution to very slight degree, their moral development cannot be affected, as they have no moral sense. Although the laws of heredity are chiefly dealt with by eugenics, it must consider also problems of environment and nurture. Artificial selection and surgery cannot alone solve the problem. We must endeavor therefore to bring into harmony biological and social evolution, the two great methods of progress; selecting the helpful ways of both, carefully eliminating those which hinder.

That eugenists for practical results must co-operate with workers for social and institutional progress, plainly appears from the following utterances of Francis Galton. He says: "Eugenic belief extends the function of philanthropy to future generations. It renders its actions more prevailing than heretofore by dealing with families and societies in their entirety, and it enforces the importance of the marriage covenant by directing serious attention to the probable quality of future offspring. It strongly forbids all forms of sentimental charity that are harmful to the race, while it greatly seeks opportunity for acts of personal kindness as some equivalent to the loss of what it forbids. It brings the tie of kinship into prominence and strongly encourages love in family and race. In brief, eugenics is a virile creed, full of hope, and appealing to many of the noblest feelings of our nature."

To practically apply eugenics is but a step forward. Man early utilized the forces of heredity in the culture of plants and animals, and his achievements in this direction, from the prehistoric domestication of animals to the great successes of our modern breeders, have been amazing. From Plato onward, various projects for the deliberate improvement of the human stock have been proposed, but we have not yet arrived. And, now that the way is quite clear, we hesitate, though acknowledging that the ways of the costly and ponderous courts only restrain crime, not in the least curing it. We cannot rationally hope at the present time that extensive breeding from the best will improve human stock to any appreciable degree. Superior women cannot be made the ancestresses of the race, for superior women are not existent

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in large numbers, and at the best a mother can bear and do justice to but few children. And again it would be impossible to resort to some polygamous device in order to utilize fully the men of best type as fathers. We, therefore, at least for the present, are limited to prevention of breeding from the worst. To this proposition the popular consent is given for certain classes, such as rapists, and to a degree for confirmed criminals; but, when proposed for eliminating the hereditary insane, and idiot, the hereditary pauper and hereditary vicious and deformed, popular consent will be hard to gain. But it will come with understanding. We, therefore, reach solid and practical ground, when we consider the prevention of breeding from the very worst. A definite beginning of such prevention was first begun in Indiana ten years ago without law, and, most strange to say, by the consent of the unfit persons themselves.

In 1905 a law was passed making sterilization legal under certain circumstances despite the criminal's opposition. This law is short and reads as follows:

WHEREAS, Heredity plays a most important part in the transmission of crime, idiocy, and imbecility;

Therefore, Be it enacted by the General Assembly of the State of Indiana, that on and after the passage of this act it shall be compulsory for each and every institution in the state entrusted with the care of confirmed criminals, idiots, rapists and imbeciles, to appoint upon its staff, in addition to the regular institutional physician, two (2) skilled surgeons of recognized ability, whose duty it shall be, in conjunction with the chief physician of the institution, to examine the mental and physical condition of such inmates as are recommended by the institutional physician and board of managers. If, in the judgment of this committee of experts and the board of managers, procreation is inadvisable, and there is no probability of improvement of the mental condition of the inmate, it shall be lawful for the surgeons to perform such operation for the prevention of procreation as shall be decided safest and most effective. But this operation shall not be performed except in cases that have been pronounced unimprovable.

Vasectomy is the method usually chosen for sterilizing, yet it will be observed any method, even castration, is permitted in the law. Vasectomy is simple, scarcely more serious than vaccination, is without the slightest danger, is not attended with mutilation, and may be performed in three minutes without a general anæsthetic. The patient spends not one minute in bed, but immediately goes about his duties. Since October 1899, when Dr. H. C. Sharp, surgeon of the Indiana Reformatory at Jeffersonville, performed his first vasectomy, over seven hundred such operations have been done. Prior to the going into effect of the law all the patients submitted voluntarily. This submission is

usually coincident with the arrival of the religious stage in the prisoner's life. At the time of incarceration most prisoners are inclined to resist prison discipline and are bitter against society. Within a longer or shorter period they generally reach the religious stage and are then more easily managed. They are no longer gloomily taciturn and set against the world, but are frequently eagerly receptive of instruction and very amenable to discipline, but backsliding from this state of mind is sure to occur sooner or later. They are told that parenthood only will be denied them and that their mental and nervous condition, usually disturbed, will greatly improve, after vasectomy. They almost always assent; they do not want to be parents, even crying out against it, and welcome sterility. Within a few months a marked difference occurs in the general attitude and appearance of the man. He sleeps better, he increases in weight, is more cheerful, the mind is brighter, he willingly obeys the rules, the tone and general well being are improved, and in all ways a better man appears. Of course, degeneracy is not cured in the individual by vasectomy, its perpetuation only is prevented. I know a man who was born with two thumbs on each hand. This defect was hereditary, for one uncle and his great-grandmother had it. At twenty years of age he had the extra members amputated, being driven to it through anguish and mortification. When told he would likely transmit the deformity if he became a parent, he thereupon vowed celibacy. In private he told me he would rather die than be the father of a child with even the slightest defect. At a certain college in Indiana I met a young man of twenty-two who had a club-foot and whose education had been delayed by poverty. He was very serious in his manner, at times melancholy, but of bright mind and easily led his class. He confessed to me that he had several times contemplated suicide because of his deformity. "No whole person can know," said he, "the mental torture suffered by those who are deformed. I have gone to the cellar, the attic, and the barn, and cried by the hour over my misfortune. I have cursed my parents for bringing me into the world and have sworn never to marry." His distress of mind and suffering were very considerable. I learned he had shown some attentions to a young woman who had not repelled him, but he had suddenly dropped her and the matter was a subject of remark among his school-fellows. I made inquiries, and after a short acquaintance resolved to tell him he could have a home and no fear of perpetuating his deformity. He accepted, and now he has a home with its increase of happiness in his life. The woman of his choice fully understood he could not be a father. He and his wife are content, and both bless the good which science brings to mankind.

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Indiana's other eugenic law was passed in 1905, and commands that—

No license to marry shall be issued except upon written and verified application. Such application shall contain a statement of the full Christian and surname, color, occupation, birthplace, residence, and ages of the parties, whether the marriage contemplated is the first, second or other marriage, together with the full Christian surnames, residence, color, occupation and birthplace of their parents, including the maiden name of the mother, together with such other facts as may be necessary to determine whether any legal impediment to the proposed marriage exists. Applications for license to marry shall be uniform throughout the state and it is hereby made the duty of the state board of health to furnish a form thereof to the several clerks at once upon approval of this act; *Provided*, That said state board of health may revise said forms so furnished from time to time as may be advisable.

The law further commands:

No license to marry shall be issued where either of the contracting parties is an imbecile, epileptic, of unsound mind, or under guardianship as a person of unsound mind, nor to any male person who is or has been within five years an inmate of any county asylum or home for indigent persons, unless it satisfactorily appears that the cause of such condition has been removed and that such male applicant is able to support a family and likely to so continue, nor shall any license issue when either of the contracting parties is afflicted with a transmissible disease, or at the time of making application is under the influence of an intoxicating liquor or narcotic drug.

In those cases when the right to a license is not made to appear the clerk shall refuse to issue the same. At once upon such refusal he shall certify the proceeding to the circuit court without formality or expense to the applicants, who shall be notified by him of such action. Such applications shall thereupon be at the earliest practicable time heard by the circuit judge without a jury in court or in chambers during the term or in vacation as the case may be, and his finding that a license ought to issue or ought not to issue shall be final and the clerk shall act in accordance therewith, the true intent of this section being to secure for the applicants a hearing by said judge without affirmative action by said applicants, and to give notice to them of such hearing, its time and place, without delay or expense.

If persons resident of this state with intent to evade the provisions of Section 1 and Section 3 go into another state and there have their marriage solemnized with the intention of afterward returning and residing in this state, and do so return and reside in this state, such marriage shall be void, and such parties upon returning to this state shall be subjected to all the penalties provided for in this act: *Provided*, This section shall not apply to persons who in good faith become or are citizens of any other state.

Whoever procures the issuance of a license to marry by any false statement, representation, or pretence shall be fined in any sum not exceeding five hundred dollars.

Whosoever, being duly authorized to solemnize marriage in this state, knowingly joins in marriage persons who have not complied with the statute relative to the procurement of marriage license, shall be fined in any sum not exceeding five hundred dollars.

Every clerk of the circuit court who shall issue any license contrary to the provisions of this act shall be fined in any sum not less than twenty-five dollars nor more than one hundred dollars.

At first there was manifest some opposition, and in instances very harsh statements were made, but finally this all died out, and now not the slightest opposition appears. The highest court has upheld the law in the case of a very rich and prominent man who was luetic and knew it, who was refused a license to marry. He thereupon went to Kentucky and was married in defiance of the law, and upon return to Indiana, in due time, the marriage was declared null and void. So, if citizens of Indiana with certain hereditary diseases get married in other states to avoid Indiana's statute, they must remain out of the state or suffer the penalty.

As the enforcement of the law depends upon the county clerks, all new ones are sent a special letter from the State Board of Health which gives the argument for the law, and makes plain the benefits its rigid enforcement will bring to the state. Of course, this is to educate and to arouse the interest of new officials. We have not sufficient data for conclusions, but it is true licenses to marry are denied daily in the state to those who should not marry; and although marriage is not necessary for procreation, still it must be said that the law has done something toward the end at which it is aimed.

As to the sterilization law. It is plain it is not perfect, that it can be severely criticised, but it is a start in the line of a work which must be done, and it has certainly made procreation impossible in scores of persons who were unfit to have progeny.

There are some who object to vasectomy because they surmise by removing fear of consequences in the form of maternity would prove a direct incitation to sexual debauch. This fear proceeds from an obstructive or possibly a retrogressive mind, not from a conservative one; for experience shows that men sterilized by vasectomy enjoy better mental and better physical health. Their minds no longer unceasingly dwell upon sexual matters and they are more continent. Their thoughts are of a higher character and cheerfulness and tractability appear where both were at first absent. Of course, there will be exceptions; but we must be guided by averages.

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dency, or is followed with greater will power to control—then why expect or fear the possibility of a tendency to sexual debauch? Even those who fear this will probably not extend that fear to cover more than a small percentage of cases. For my part, I am convinced this is a man of straw.

Of course, the legal aspect must be settled by judges. If settled right, it will stay settled; otherwise, like the brook, it will go on forever. To most minds it appears that society has a right to protect itself. It fines, it imprisons, and it hangs offenders. All forms of punishment are more or less objectionable, but as we now conduct our affairs they must exist. Why, then, put a legal taboo upon a simple, painless, surgical operation, which is not imposed as a punishment, but is intended to relieve both the individual and society and which is certainly a natural method? How is it possible for a surgeon to damage a man or be other than a benefactor to society, when he betters the man's physical and moral health and humanely prevents him from producing more defectives? Defectives curse the day they were born and declare against being parents, and they also declare against and curse society. It seems to me it is the greatest and noblest charity, sympathy, and love to prevent the production of the unfit; and I believe it is uncharitable, cruel, and unjust to permit their procreation and then devise degrees of punishment for the offences they are certain to commit. A high legal authority says: "The sole function of government is to secure peace and justice." Vasectomy and oophorectomy will strongly tend to secure both of these consummations so devoutly to be wished.

#### PRUDERY

Prudery stands in the way of improving the human race by the natural, kindly and just method of vasectomy. It also stands in the way of preventing those twin leprogies, syphilis and gonorrhoea. Permit me, therefore, to consider some phases of prudery in about the words of the *Indianapolis Sun*.

Prudery is not a virtue. On the contrary, it has many characters of a vice. It is to virtue as a flowerless weed is to a rose. Prudery, if skilfully trimmed, guarded and protected, may be cultivated into a near flower, but it is perilously likely to make of the body and mind a wilderness instead of a garden.

But what a hold prudery has upon us! Were it not for prudery, that most important of all problems in social and economic science, the sex problem, would now be in a fair way of solution. Procreation is the



chief end of man, it is his immortality; through it we may best glorify God and enjoy him forever. But, says prudery, we must not teach our children about this part of their lives because it is indelicate and impure. But this is untrue. So our children are permitted to learn about it, not truly in honest self-respect and dignity and honor, but in secrecy, error and vulgarity. Prudery may justly be blamed with a not inconsiderable proportion of the syphilis and gonorrhœa which so seriously poisons the race physically and morally.

"God created man in His own image, in the image of God created He him; male and female created He them." Yet the attitude of the Christian world is such as to warrant the conclusion that it thinks there was something indefensible in the creation of sex and the methods chosen for the perpetuation of the race.

How passing strange are many of our acts? We organize society, we institute governments, we establish schools and churches, we build prisons, almshouses, jails, insane hospitals and idiot asylums, all for the purpose of training, directing, protecting and controlling ourselves. We declare against the evils of alcohol and drugs, we pass pure food laws, we establish a system whereby we may know if we are receiving honest weight and measure. We organize societies to take care of the unfortunate; we enact laws prohibiting and preventing the violations of physical sanctity; but when it comes to the core of the question, the prevention of the causes of these evils and misfortunes, we are restrained from wise and practical action by prudery. Parents, teachers, ministers and physicians, all of whom at some time during the development of the human body are morally responsible for it, shun the question as though it were leprosy. The situation is really disgusting, and it would be well to appoint a government commission or a research committee to try and discover—when, how, by what means, and through whom did this disgusting thing called prudery get such a hold upon us.

It was a welcome sign, a healthful sign, physically and morally, when a ministerial association at Richmond, Indiana, in 1910 recognized the importance of fighting syphilis and gonorrhœa and of preventing the procreation of defectives and favored by resolutions the seeking of some practical means of lessening the awful price this nation is paying for its false modesty. That association suggested the issuance of a certificate of health to persons wishing to enter the marital state be made the compulsory antecedent to marriage. Why not? If God created man in His own image, is it not the duty of the church to keep that creation as free from pollution as possible? Are we to think less of human beings than we do of our live stock, to protect the pure strain of

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which we have laws, written and unwritten, laws based upon medical science?

We are entering an era of conservation of natural resources—minerals, wood, water, soil; we are fighting for laws to stop the spoliation of these material things, to prevent their waste and mutilation, to stop excesses in their use, which amounts to abuse. We do this not for ourselves, but for posterity. What are we doing for posterity in the protection of human blood and of human health? We are permitting thousands, tens of thousands, hundreds of thousands of human beings to marry and reproduce their own kind, when at the time of their marriage they are deviates or they are afflicted with syphilis or with gonorrhœa or possibly with both, which diseases will not only cause death, but will visit themselves unto the third and fourth generations in the forms of blindness, bone disease, insanity, imbecility, nervous wrecks, all varieties of tuberculosis, moral degenerates and perverts. We are doing this because we will not stop it, not because we cannot. 'Tis puling, pury prudery which prevents. We are filling our almshouses, hospitals, jails, penitentiaries and homes for the morally and physically unfortunate by our refusal to meet the social question, the sex problem, the prevention of the procreation of degenerates, in an honest, sensible, pure-minded manner. The medical fraternity knows the horrible price modern society is paying for this prudery. Their hospital records and the records of their private practice, were they made public, would be the blow that would stagger humanity.

Would it not be worth something to this nation in dollars and cents to raise men and women who are physically and mentally sound? Does not the future and the perpetuity of our nation, politically and commercially, depend upon a generation that is clean-minded and clear-headed, possessed of brain, brawn and nerve that are free from taint and weakness?

The burden of degeneracy, defectiveness, syphilis and gonorrhœa may in great degree be lifted by a united effort to keep hell out of men rather than trying to keep men out of hell. We must away with prudery. We must sterilize all lily livered loons who would prate of an individual right to perpetuate defectiveness and spread horrible diseases which bring pain, sorrow, agony, torture, and anguish to the tender and innocent, and which may destroy the race.

Children should be taught the truth by competent, high-minded teachers. Separate classes should be held in our schools and colleges, where the sex problems, social evils, and the prevention of the production of the unfit should be discussed as frankly as any other problem

dealing with life. "Know thyself" is an old command. Shall we hold our children in ignorance of those matters which most concern their well-being? Prudery says, "Yes." This alone is proof that prudery is at heart almost a vice.

Stricter laws should be passed regarding medical quacks and the horrible patent medicine concerns that prey upon human ignorance and more often than otherwise encourage these evils in order to make money. Medicine has a great responsibility in these matters. Physicians have it as a duty to inform their patients with these facts and assist parents in imparting information. Ministers of the gospel should be able to find sufficient texts and precedents in the Bible to justify them in thundering from the pulpit righteous denunciation of these evils. A minister who is too nice to do this is not nice enough to follow the footsteps of his Master. And, finally, the marriage laws should be strengthened. Such laws would not bring the millennium, they will not stop all misery, but they will stop some of it.

In conclusion, I wish to say prudery must be eliminated in dealing with this most serious problem of the human race. The American nation is growing in strength, and there is reason to believe before another decade passes the campaign in behalf of physical and moral purity will have come into its own, recognized as safe and sane by the home, the school, the church, society, and the state.

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